



**7203 EAST U.S. HIGHWAY 36
AVON, IN 46123
PHONE: (317) 544-6000
FAX: (317) 544-6001
www.avon-schools.org**

**Avon Community School Corporation
Application for Parent/Patron Volunteer & Visitor**

The Avon Community Board of School Trustees adopted a revised Volunteer Background policy which requires a criminal history and sex offender registry checks for all volunteers and some visitors. This is being done to enhance the safety and security of our schools. If you plan to volunteer or frequently visit, please fill out this form and return it to the school principal. The information you provide will be used only for this purpose and will be held in confidence. **For ease of processing, please submit this form to your youngest enrolled child's school.** Only one background check per person is required for all Avon Community Schools.

PLEASE PRINT CLEARLY

Legal name as it appears on your driver's license or social security card.

First _____ Middle Initial ____ Last Name _____

Other First Name _____ Other Last Name _____
(If applicable) (i.e. Maiden)

Date of Birth: Month ____ Day ____ Year ____

E-mail Address: _____ Phone: _____

Please list all your children who attend Avon Schools (Youngest to Oldest)

Child(ren) Name(s)	School(s)
_____	_____
_____	_____
_____	_____
_____	_____

Signature: _____ Date: _____

_____ *For Office Use Only*

Approved By: _____ Date: _____

Building Principal Signature: _____

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