



**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
Updated July 2016**

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. Only one background check per person is required for all Avon Community Schools. Each Volunteer Background Check is valid for three years. Volunteers are required to self-report any convictions during this time period.

Please note that the Superintendent is to inform each volunteer that she/he:

- A. Shall agree to abide by all Board policies and Corporation guidelines while on duty as a volunteer (BP 8120);
- B. Will be covered under the Corporation's liability policy, however the Corporation shall not provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor is the volunteer eligible for workers' compensation;
- C. Will be required to report any personal arrests on the filing of criminal charges while serving as a volunteer;

All overnight fieldtrips require a full Volunteer Background Check

The Superintendent shall also ensure that each volunteer is properly informed of the Corporation's appreciation for his/her time and efforts in assisting the operation of the schools.

With respect,

Margaret Hoernemann, Ph.D.
Superintendent

Board of School Trustees

Pamela J. DeWeese
Anne L. Engelhardt
John K. McDavid
David D. Webb
Kimberly L. Woodward

Administration

Superintendent
Margaret E. Hoernemann, Ph.D.
Assistant Superintendents
John F. Atha, Ed.D.
Maryanne B. McMahon, Ph.D.
Director
Scott Wyndham, Ph.D.

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**PLEASE PRINT CLEARLY
PLEASE COMPLETE ALL LINES**

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

First: _____ Middle Name: _____ Last Name: _____

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

Race: _____ Sex (F) _____ (M) _____

Date of Birth: Month _____ Day _____ Year _____ Place of Birth: _____

E-mail Address: _____ Phone: _____

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

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

- **By submitting signed application for volunteer background request, the applicant is releasing the Corporation of any obligation should the volunteer become ill or receive an injury as a result of his/her volunteer services.**
- **Please note, you may be asked by school officials for more data if requested by Indiana State Police.**

Signature: _____ Date: _____

For Office Use Only

Approved By: _____ Date: _____

Building Principal Signature: _____