

South Madison Community School Corporation Volunteer Application / Background Check

(Please **print** all information and use full legal name)

Applicant Last Name:	Suffix:
Applicant First Name:	Middle Initial:
Applicant Date of Birth:	Gender: M F
Applicant Country and State of	Birth:
	ndian/Alaskan Asian/Pacific Islander Black :i-Racial White Unknown
Child's Full Name:	
Grade K-6 Teacher	School
Child's Full Name:	
Grade K-6 Teacher	School
Child's Full Name:	
Grade K-6 Teacher	School
Child's Full Name:	
Grade K-6 Teacher	School
required each year to volunteer in and/or observe for college classe these protocols for adults to accor or to help with class parties. All v	cation/criminal background check and Safe School training and the school and extra-curricular programs, and to student teach sor practicums. In addition, the school principal may require mpany students on field trips, to attend/volunteer for field day volunteers must enter the main school entrance and report to a driver's license or ID to register in the Visitor Managemen offender alert system.
Applicant's Signature:	Date:
Phone Number:	Email Address:
Please check which is applicable:	
Field Trips/Field Day	Volunteer, Student Teacher, Practicum Student
	(Email address needed to provide further information)