



Welcome to New Prairie Schools

In an effort to continue the 'Secure Schools' policy as adopted by the Board of School Trustees of the New Prairie United School Corporation, we ask that all regular volunteers complete the following Limited Criminal History information. This process will assist us in maintaining a safe school environment for your children. Please complete the information requested below and promptly return it to the school secretary a minimum of 48 hours before scheduled volunteer event.

If you have any questions about this process, please do not hesitate in contacting Dr. Paul White, Superintendent of the New Prairie United School Corporation.

Thank you for your cooperation and understanding. The safety of your children is extremely important to us!

Volunteer Background Information Check

School: _____

Legal First Name: _____ Middle Initial: _____ Last Name: _____

*Date of Birth: _____ *Sex: Male _____ Female: _____

*Please circle one race: Asian/Pacific, White African American Native American Hispanic Multiracial Unknown

***This information is required to submit a criminal-history background request**

Address: _____

Phone Numbers: H: _____ C: _____ W: _____

I would like to participate in activities at _____ school in the following ways:

CHECK ALL THAT APPLY

- | | |
|--|--|
| <input type="checkbox"/> Classroom/Program Volunteer | <input type="checkbox"/> Event/Trip Chaperone |
| <input type="checkbox"/> Room Parent | <input type="checkbox"/> Eating Lunch with a Student |
| <input type="checkbox"/> Special Program Presenter | <input type="checkbox"/> Classroom Observation |
| <input type="checkbox"/> Other (please describe) _____ | |

By signing below, I am affirming the information supplied is correct. Any false or misleading information will be interpreted as willful misrepresentation and shall be sufficient grounds to be refused the right to volunteer at any NPUSC school or event. Also, I agree to abide by all relevant School Board Policies and administrative guidelines while on duty. I understand that, although I am covered under the Corporation's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for worker's compensation. Should I become ill or suffer an accident while doing volunteer work, I agree that I shall be responsible for any and all hospital and medical charges that may accrue. I further understand that I am not in any manner considered an employee of the Corporation or entitled to any benefits provided to employees. I further release the Board from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer service. **Every new school year will require a new criminal history check. My signature below constitutes authorization to check my criminal history.**

SIGNATURE: _____

DATE: _____

Dr. Paul White, Superintendent
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219-778-2814
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