

LIMITED CRIMINAL HISTORY FORM

In accordance with School Board Policy #8120, each volunteer who is in direct **supervised** contact with students will be required to submit to a Limited Criminal History Record Check through the Indiana State Police.

Legal First Name:		Middle Initial:	Last Name:
Other names used:			
Address:			
City:		State:	Zip:
Phone Number:		Date of Birth:	
*Sex: *Ra	nce:	(*required on IS	P Limited Criminal History Form)
You may be asked to p Student(s) Name(s):	provide ID as pr	oof of your identi	ty
Requesting to voluntee	er (building and	l event):	

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The following are my responses to questions about my criminal history (if any). If any are answered with a yes, please explain below.

1. ____YES ____NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).

2. <u>YES</u> NO Have you ever-received deferred adjudication or similar disposition for any federal, state or municipal offense?

3. <u>YES</u> NO Have you ever-received probation or community supervision for any federal, state or municipal offense?

4. <u>YES</u> NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

5. <u>YES</u> NO As of the date of this consent form, do you have any pending charges against you?

If yes to any of the above questions, please provide details here:

Volunteer signature:	Date:
Building Principal Signature:	Date:

The Clarksville Community School Corporation affirms that the Limited Criminal History information requested through the Indiana State Police website will be used as specified and will not be utilized for any other purpose. Information received will be confidential and utilized only by authorized personnel.