

BROWNSBURG COMMUNITY SCHOOL CORPORATION  
444 EAST TILDEN DRIVE  
BROWNSBURG, IN 46112  
317-852-5726

## CORPORATION VOLUNTEER INFORMATION

Effective Date: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ (as shown on social security card)

Former/Maiden Name: \_\_\_\_\_

Gender:        M        F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_

Building Location (*If you have multiple children, please list ALL schools your children attend within BCSC*):

\_\_\_\_\_

Position: \_\_\_\_\_ VOLUNTEER \_\_\_\_\_

FOR THE PROTECTION OF THE STUDENTS, I AUTHORIZE THE BROWNSBURG COMMUNITY SCHOOL CORPORATION TO OBTAIN LIMITED CRIMINAL HISTORY AND SEX AND VIOLENT OFFENDER REPORTS BASED UPON THE ABOVE INFORMATION. I ALSO ATTEST THAT ALL INFORMATION ON THIS FORM AND INFORMATION INCLUDED WITH MY ATTACHED PICTURE ID IS A TRUE REPRESENTATION OF ME.

**YOU MUST ATTACH A LEGIBLE COPY OF A PHOTO ID TO THIS FORM.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Reports must be completed before the volunteer is able to work in the Brownsburg Community School Corporation. The principal or appropriate administrator will be notified when the volunteer may begin service with BCSC.

Return this form to the **Human Resource Department** at Central Office (address above).  
Rev. 10-1-09