

FRONTIER SCHOOL CORPORATION

LIMITED VOLUNTEER BACKGROUND CHECK

(Field Trip/Classroom Volunteer)

PLEASE **PRINT** CLEARLY YOUR LEGAL NAME

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

DATE OF BIRTH: mm/dd/yyyy _____

GENDER: Male or Female

RACE: White Black

American Indian/Alaskan Multi-Racial

Asian/Pacific Islander Unknown

DATE OF FIELD TRIP/DATE TO VOLUNTEER: _____

NAME OF TEACHER YOU PLAN TO VOLUNTEER FOR: _____

Signature: _____ **Date:** _____

Please note that this limited background check must be completed for each school year. *The corporation office needs at least 2 weeks to complete a background check for your volunteers, so please plan ahead if you have any upcoming field trips or classroom events planned.*