FRONTIER SCHOOL CORPORATION

LIMITED VOLUNTEER BACKGROUND CHECK

PLEASE **PRINT CLEARLY** YOUR **LEGAL NAME**

FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MIDDLE INITIAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (helpful in narrowing down the search if there are multiple people in the State of Indiana with your name)

DATE OF BIRTH: mm/dd/yyyy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GENDER: **□** Male **□** Female

RACE: □ White □ Black

 □ American Indian/Alaskan □ Multi-Racial

 □ Asian/Pacific Islander □ Unknown

POSITION/ACTIVITY VOLUNTEERING FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 the background check for volunteers.*