

SCOTT COUNTY SCHOOL DISTRICT 2

375 East McClain Avenue

Scottsburg, Indiana 47170

Volunteer Registration Form

Name: _____

Date of Birth: _____ SSN: _____ Email: _____

Address: _____

City State Zip

Phone Number (s): _____

Gender: _____

Ethnicity: _____

Student Name(s):

Teacher(s):

1. Have you ever been charged with or investigated for physical or sexual abuse of another person?
2. Have you ever been charged with, pleaded guilty or "no contest" to, or been convicted of any crime involving sexual abuse of any person or any other crime of moral turpitude?
3. Have you ever been convicted of a misdemeanor and/or felony, or even entered a plea of guilty or a plea of "no contest", or has any court ever deferred further proceedings without entering a finding of guilty or placed you on probation for any crime?

If you answered yes to any of the previous three questions, please explain on the back of this form, including the date of the incident, charge, any court action taken, the offense in question, and the address of any court involved. I understand that any false or misleading information on this application shall be fully sufficient grounds to refuse volunteer services.

Signature

Date

Office Use Only:

Check:

Completed/Form on File: (check when complete)

_____ Limited Criminal History

_____ MyCase

_____ Department of Child Services

_____ DoxPop

COMPLETED BY: _____