

GARRETT-KEYSER-BUTLER COMMUNITY SCHOOL DISTRICT

801 E. HOUSTON STREET
GARRETT, IN 46738

School Volunteer Application
Request for Background Information

(Current Last) (First) (Middle Initial) (Maiden)

(any previous last names used)

Address _____
(Street) (City) (State) (Zip Code)

Telephone Number _____ Birthday ____ / ____ / ____
(Area Code) (Number)

Student's Names _____

Dear Applicant:

Serving as a volunteer with the Garrett-Keyser-Butler Community Schools involves contact with our student population. All applicants as a volunteer are expected to provide us with background information; you are not being singled out from other applicants for closer inspection.

_____ Yes, I agree to allow GKB CSD to run a limited criminal history check.

_____ No, I do not agree to allow GKB CSD to run a limited criminal history check.

Race _____ I= American Indian/ Alaskan
A= Asian/ Pacific Islander
W= White B= Black
U= Unknown M= Multi Racial

Gender Male Female

I understand that I am required to abide by all rules and regulations of the Garrett-Keyser-Butler CSD.

Signature

Date

Garrett Keyser Butler Community School District does not discriminate against any individual because of race, sex, age, color, religion, national origin or physical handicap in the operation of its educational programs or activities.