

Bluffton-Harrison Metropolitan School District
Criminal History Background Check
 805 E. Harrison Street
 Bluffton, Indiana 46714

CONFIDENTIAL INFORMATION

The following individual has submitted a request to volunteer or for a paid position consideration within the school district: (Please print and answer all questions.)

Last Name	First Name	Middle (Full)
Maiden, Alias or Former (provide names and dates changed)		
Date of Birth	Race	
Gender <input type="radio"/> Female <input type="radio"/> Male		

Street Address	City	State
County		

Events in which I have interest in being involved with or volunteering for:

I authorize Bluffton-Harrison Metropolitan School District to investigate my criminal background as it pertains to any volunteer or paid position considerations. I release all persons, companies, or corporations furnishing information as part of this background investigation from liability or responsibility. I certify that all information provided is true and complete to the best of my knowledge. I understand that omitting or falsifying information will result in rejection of volunteer opportunities or employment at school events. This criminal history background check will be valid for the current school year only. A new request will need to be completed each year.

Signature

Date

THIS FORM MUST BE SIGNED IN THE PRESENCE OF SCHOOL PERSONNEL.

ALL INFORMATION PROVIDED ON THIS FORM WILL BE CONFIDENTIAL.