

South Spencer County School Corporation

VOLUNTEER & CHAPERONE INFORMATION APPLICATION



South Spencer County School Corporation
 P.O. Box 26
 Rockport, IN 47635
 Phone: 812-649-2591
 Fax: 812-649-4249
www.sspencer.k12.in.us

Date:

Name:

Address:

City, State, Zip:

Email:

Phone:

Information needed for Limited Criminal History Check

Date of Birth: Gender: Race:

I authorize the South Spencer County School Corporation, without limitation, to check my references and to seek the release of investigatory information including a "Limited Criminal History Check" processed by any private or public employer or any local, state or federal agency. I authorize these private or public employees or local, state or federal agencies to provide South Spencer County School Corporation in any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I expressly waive in connection with any request for, or provisions of such information, any claims or causes of action, including without limitation, defamation, infliction or emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the school corporation, its officials, employees, trustees or agents, or against any provider of such information.

I hereby have executed the attached Exhibit "A" and fully understand that said Exhibit "A" is incorporated herein as part of this application.

I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

Person to Notify in Case of Emergency

Name:

Address:

City, State, Zip:

Email:

Phone:

Relationship:

Please list two references

1st - Reference

Name:

Address:

City, State, Zip:

Email:

Phone:

Relationship:

2nd - Reference

Name:

Address:

City, State, Zip:

Email:

Phone:

Relationship:

Signature

Printed Name

Date

LOCATION: Luce Rockport Elem. Middle School High School

Office use:

Limited Criminal History Check Status:

(revised 9-16-2015)

Notes: _____

SOUTH SPENCER COUNTY SCHOOL CORPORATION
VOLUNTEER INDEMNIFICATION/HOLD HARMLESS AGREEMENT

Comes now _____, having applied to the
(Print First and Last Name)

South Spencer County School Corporation, hereinafter referred to as “School Corporation,” to act as a volunteer to the School Corporation. In consideration of the School Corporation accepting the volunteer application, the volunteer agrees that the School Corporation shall not be liable to the volunteer for any injury suffered by the volunteer while rendering services to the School Corporation.

In further consideration of the School Corporation accepting the application,

_____ does unconditionally agree
(Print First and Last Name)

to indemnify and hold harmless the School Corporation to the full extent of the sums and liabilities the School Corporation may incur that arise from any injury suffered by the volunteer while rendering his or her services, including but not limited to, an injury sustained by any individual on the real estate premises or as an occupant in a School Corporation vehicle.

This indemnification/hold harmless agreement shall be absolute and unconditional.

South Spencer County School Corporation

By: _____
Superintendent signature

Volunteer signature

EXHIBIT “A”