

Burriss Laboratory School Volunteer Information Form

All volunteers for Burriss Laboratory School must complete both sides of this form. For the protection of the children in the school, Burriss Laboratory School completes limited background checks on all volunteers under IC 5-2-5-5.

NAME: _____
(Last) (First) (MI)

ADDRESS: _____ CITY _____ STATE _____

PREFERRED CONTACT PHONE NUMBER: _____

CELL PHONE: _____ WORK PHONE (OPTIONAL): _____

EMAIL ADDRESS: _____

List the first and last names of your children who attend Burriss Laboratory School.

(NAME) (GRADE/TEACHER)

As a volunteer, what would you like to do?

Assist with fundraising/concessions Chaperone field trips Help with events
 Help decorate halls/rooms Assist in the classroom
 Other (Please List) _____

Supplemental Background Information

(Must be completed as part of the volunteer information process.)

1. Have you been discharged, resigned while you were under investigation for misconduct, or been asked to resign from a prior position?

If so, explain the circumstances, including the date and nature of any investigation; the date of your separation from employment; and, a description of the incidents or events underlying the discharge or resignation.

No _____ Yes _____ (Please explain.)

2. Have you ever been convicted of a crime related to any of the following: sexual contact with another person; sexual abuse; sexual misconduct; child abuse; theft of or taking property; mishandling funds; fraud; forgery; the use, sale, or possession of controlled substances or alcohol; or, intoxication?

No _____ Yes _____ (Please explain.)

Please complete the information on the backside of this form.

Burriss Laboratory School

Volunteer Agreement and Waiver

Burriss Laboratory School welcomes the services of volunteers in its mission to provide high quality educational experiences for its students.

All volunteers are required to sign this agreement and waiver.

1. While performing duties as a volunteer at Burriss Laboratory School, I agree to abide by all Ball State University Policies and Burriss Laboratory School guidelines.
2. I understand that although I am covered under the Ball State University liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the School Corporation, I agree that I shall be responsible for any and all hospital and medical charges that may accrue. I further release Ball State University and Burriss Laboratory School from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.
3. I understand that as a volunteer I am not in any manner considered an employee of Burriss Laboratory School or entitled to any benefits provided to employees. I release Ball State University and Burriss Laboratory School from any obligation to provide health or accident insurance benefits should I become ill or receive an injury as a result of my volunteer services.
4. I authorize Burriss Laboratory School to check my employment history, including without limitation, reference checks, and to seek the release of investigatory information, including a Limited or Expanded Criminal History Check, possessed by any private or public employer or any local, state or federal agency. I authorize these private or public employees of local, state or federal agencies to provide Burriss Laboratory School 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.
5. I agree to inform Burriss Laboratory School of any changes in my criminal history status.

Any false or misleading information you provide shall be grounds to refuse to allow you to volunteer, or if you have been volunteering, shall be cause to terminate your role as volunteer.

I expressly waive in connection with any request for, or provision of such information, any claims or causes of action, including without limitation, defamation, infliction of emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against Ball State University, its officials, employees, trustees or agents, or against any provider of such information. I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

Are you willing to drive for school activities? (Requires driving record review)

Yes _____ No _____ If yes, _____

Driver's License Number (10-Digits)

Signature

Date of Birth

Date