

**TWO-SIDED DOCUMENT. PLEASE FILL OUT BOTH SIDES.**

Lebanon Community School Corporation  
Volunteer School Worker  
Criminal History Review  
Consent Form

Date: \_\_\_\_\_

I have been advised and understand that:

- A. The background information supplied by me for the position of volunteer worker with the Lebanon Community School Corporation may be checked to assure the accuracy of the furnished information and my past performance in previous positions;
- B. I hereby authorize the Office of the Superintendent for the Lebanon Community School Corporation to make such investigations and inquiries of my personal background, previous employment, and related matters as may be necessary in arriving at my suitability for volunteer work;
- C. I hereby release current and past employers, schools, and/or other persons providing information from liability in responding to inquiries in connection with this review process;
- D. My participation is conditional upon the Lebanon Community School Corporation receiving a satisfactory report from its inquiries and the criminal history checks;
- E. Should the Corporation discover that I have falsified or withheld any information central to an employment or determined that I am not suitable for participation in the volunteer program for any reason, I will not be allowed to serve as a volunteer worker in any capacity.

I certify that all of the information I have provided on the application form and in other documents is complete and accurate.

FULL LEGAL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ Gender: \_\_\_\_\_

Race: Please Circle One - American Indian/Alaskan, Black, Asian/Pacific Islander, White, Multiracial, Other

Check all schools you have a child or children attending:

LHS  LMS  HBS  CE  HE  P-W

STUDENT NAMES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**THE BULLYING VIDEO AND SIGNATURE PAGE MUST BE COMPLETED BEFORE YOU WILL BE ALLOWED TO VOLUNTEER.**



**Administration Center  
Office of the Superintendent**  
1810 North Grant Street  
Lebanon, IN 46052  
Phone: 765-482-0380  
Fax: 765-483-3053  
www.leb.k12.in.us

Every employee and volunteer at LCSC must affirm they understand the alleged bullying reporting policy. The intent of this document is to fulfill the LCSC responsibility, as denoted in (IC 20-26-5-34.2) by documenting your understanding of your reporting responsibility.

State Statue IC 20-26-5-34.2

No later than October 15 of each year, each school in the corporation shall provide age appropriate research based instruction as provided under IC 5-2-10.1-12 (d) (1) focusing on bullying prevention for all students in grades 1 through 12. (IC 20-30-5-5.5) as well: each school in the corporation shall provide training to the school corporation's employees and volunteers who have direct, on-going contact with students concerning the school's bullying prevention and reporting policy.

I have attended the training or viewed the video about the bullying reporting policy and understand my reporting responsibilities.

- [www.leb.k12.in.us](http://www.leb.k12.in.us)
- Departments Tab
- Safety
- Bullying
- LCSC Anti-Bullying Training (click on link for YouTube video)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Building or Position

**Dr. Jon A. Milleman**  
Superintendent

**Zach Dennis**  
Chief Financial Officer

**Diane Lee Scott**  
Director of Curriculum

**Bronsen Smith**  
Director of Technology

**Chad Martin**  
Director of Operations & Resources

**Dr. Kari Ottinger**  
Director of Assessment

**Jen Todderud**  
Director of Communications