## SCOTT COUNTY SCHOOL DISTRICT 2 375 East McClain Avenue Scottsburg, Indiana 47170

## Volunteer Registration Form

Name:					
Date of Birth:	Email:				
Address:	aleman de la companya				
		City	State	Zip	
Home Phone:	_ Cell:			<del></del>	
Student Name(s):	n	<u>Teacher(s):</u>			
1.Have you ever been charged with o	or investigated f	or physical or	sexual abuse	of another	
2.Have you ever been charged with, p	oleaded guilty o	or "no contest"	to, or been co	nvicted of any	
crime involving sexual abuse of any p					
3.Have you ever been convicted of a	misdemeanor a	and/or felony,	or even entere	d a plea of	
guilty or a plea of "no contest", or has	any court ever	deferred furth	ner proceedings	s without	
entering a finding of guilty or placed y	ou on probatio	n for any crime	e?		
If you answered yes to any of the prev	vious three que	stions, please	explain, includ	ling the date o	
the incident, charge, any court action	taken, the offer	nse in questio	n, and the addr	ess of any	
court involved.					
understand that any false or mislead	ing information	on this applic	ation shall be f	ully sufficient	
grounds to refuse volunteer services.					
Signature	e e e e e e e e e e e e e e e e e e e		Date		
į.	<u>Office Use Onl</u>	<u>v:</u>			
Check: Co	ompleted/Form	n on File: (ch	eck when con	nplete)	
Raptor		Ye	S		
Limited Criminal History		Ye	S		
Department of Child Services		Yes			
Federal Criminal History		Ye	S		