



Metropolitan School District of
WASHINGTON TOWNSHIP
"Superior Schools in a Supportive Community"

Nikki C. Woodson, Ph.D., *Superintendent*

- I am a **First Time** Volunteer in Washington Township
- I am a **Returning** Volunteer in Washington Township

Volunteer Form – Limited Criminal History Record Check (Form 8120A)

Dear Volunteer:

Thank you very much for your willingness to assist in the education of our children of the MSDWT. A strong base of volunteers is essential to provide the necessary supports to students' academic, social, and emotional development. While we welcome volunteers into our school community, we must also be diligent in providing a safe and secure environment for our students. To that end, the Board of Education of the Metropolitan School District of Washington Township policy states in part:

8120 – VOLUNTEERS

The Board of Education recognizes that certain programs and activities can be enhanced through the use of volunteers who have particular knowledge or skills that will be helpful to members of the staff responsible for the conduct of those programs and activities.

The Superintendent shall be responsible for recruiting community volunteers, reviewing their capabilities, and making appropriate placements. The Superintendent shall not be obligated to make use of volunteers whose abilities are not in accord with Corporation needs.

Each volunteer who is or expected to be in direct contact with students will be required to submit a Limited Criminal History Record Check.

The procedures shall ensure that information and records obtained from criminal history inquiries under this policy are confidential and shall not be released except as necessary to implement this policy or to defend a decision made pursuant to this policy.

The Superintendent is to inform each volunteer that s/he:

- A. *shall agree to abide by all Board policies and Corporation guidelines while on duty as a volunteer;*
- B. *will be covered under the Corporation's liability policy but the Corporation shall not provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor is the volunteer eligible for workers' compensation;*
- C. *will be asked to sign a form releasing the Corporation of any obligation should the volunteer become ill or receive an injury as a result of his/her volunteer services;*
- D. *will be required to report any personal arrests or the filing of criminal charges while serving as a volunteer.*
- E. *will be required to report any substantiated report of child abuse or neglect of which he/she is the subject.*

Limited Criminal History Check

The following information is required in order for the MSDWT to conduct a Limited Criminal History Record Check. Your signature below indicates your understanding of district policy (stated above) and your consent to allow the district to perform the necessary background checks. An applicant may not volunteer until he/she is notified of district approval as a volunteer. Thank you again for your assistance with our students.

Bullying Education and Training Requirement – FIRST TIME VOLUNTEER IN WASHINGTON TOWNSHIP

Indiana Code 20-26-5-34.2 states that a school corporation must provide bullying education and training to all employees and volunteers that have direct, ongoing contact with students. If you're volunteering duties require direct contact with an individual student or groups of students, or if you may be placed in a role that requires you to supervise or oversee students in any capacity, you are responsible for the completion of the bullying education and training provided by the MSDWT.

The link to the bullying education and training may be accessed by clicking on or typing the following link into your web browser:

<https://msdwt-in.safeschools.com/register/84afcb3f>

MSDWT Board Policy 8750 – Defense and Indemnification of Board Members and Employees, provides volunteers with legal defense in the case of a legal claim against the volunteer while acting in good faith on behalf of MSDWT students as long as there has been no neglect, omissions, act of bad faith, or act of malfeasance on the part of the volunteer.

By signing below, you are acknowledging:

- You understand your responsibility to complete the bullying education and training provided by the MSDWT when your role as a volunteer meets the criteria stated above, and;
- The bullying education and training must be completed annually, and;
- You understand, should you fail to complete the training and you are the subject of a claim while volunteering in the MSDWT, the MSDWT will consider your failure to complete the course as an act of omission and bad faith and will not be considered as eligible for a determination of whether or not to defend or indemnify you in any legal proceeding.

Bullying Education and Training Requirement – RETURNING VOLUNTEER IN WASHINGTON TOWNSHIP

By signing below, you are acknowledging:

- You have been given the Parent/Volunteer Bullying FAQ Document
- You understand your responsibility to become familiar with the FAQ and its application
- You have received an opportunity to ask questions and receive additional information as requested
- You understand, should you fail to complete the bullying education and training (<https://msdwt-in.safeschools.com/register/84afcb3f>), or to review the FAQ, and you are the subject of a claim while volunteering in the MSDWT, the MSDWT will consider your failure to complete the course as an act of omission and bad faith and will not be considered as eligible for a determination of whether or not to defend or indemnify you in any legal proceeding.

PLEASE SUBMIT ONE FORM PER PERSON, PRINT LEGIBLY AND TURN THIS FORM INTO YOUR SCHOOL'S PRINCIPAL!

Legal Name: _____
(First Name) (Middle Initial) (Last Name)

Maiden Name/: _____
Other Name (First Name) (Middle Initial) (Last Name)

Address: _____

Cell Phone: _____ Email: _____

Sex: Male Female

Date of Birth: _____

Race:
 Asian American Indian or Alaskan Native Two or More Races Black or African American White Hispanic or Latino

Student Name(s): _____ Relationship to Student: _____
(If Applicable)

Teacher Name(s): _____
(If Applicable)

Check the school(s) where you will be volunteering:

- Allisonville Crooked Creek Greenbriar Fox Hill John Strange Nora Spring Mill Hill Top
 Eastwood Westlane Northview North Central J. Everett Light

Signature: _____ Date: _____

If you have questions, please call (317) 845-9400.

