

Metropolitan School District of **Washington Township** . . . Marion County

H. Dean Evans Community and Education Center
8550 Woodfield Crossing Blvd.
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James D. Mervilde, Ed.D.
Superintendent of Schools

Dear Volunteer:

First, we want to thank you very much for your willingness to assist in the education of our children. You are indeed a part of the village that it takes to raise a child. Unfortunately, we live in a much different age today than just 10 years ago. Because of the changes in our society, schools are forced to be much more vigilant as to who comes in contact with our students. To that end, the Board of Education of the Metropolitan School District of Washington Township policy says:

3120.09 - 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 certificated 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. He shall not be obligated to make use of volunteers whose abilities are not in accord with District needs.

For any volunteer who has regular, prolonged contact with students, including overnight trips, the Superintendent shall establish the necessary procedures for obtaining background information which is to include the following:

- A. Criminal History Records Check
- B. Sex-offender Registry Check

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

- A. shall agree to abide by all Board policies and District guidelines while on duty as a volunteer;
- B. will be covered under the District's liability policy but the District shall not provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor is the person eligible for workers' compensation.

The Superintendent shall also ensure that each volunteer is properly informed of the District's appreciation for his time and efforts in assisting the operation of the schools.

Therefore, we ask that you supply the information requested below and return to your school's office or teacher. Thank you again for your assistance with our students. **PLEASE SUBMIT ONE FORM PER PERSON AND PRINT LEGIBLY.** Thank you.

Student's Name _____

Legal Name _____ Race _____

Maiden/Other name _____

Date of Birth _____ Sex: Male Female School _____

The requested information is required by the State of Indiana in order to process.