

**BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION**

ADMINISTRATION BUILDING  
1200 CENTRAL AVENUE  
COLUMBUS, INDIANA 47201

**VOLUNTEER CHECK ONLY**

**Indiana Background Check and Sex Offender Check\***

Please provide your legal name.

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Name**

**Sex**  
Male \_\_\_\_  
Female \_\_\_\_

**Race**  
W-White \_\_\_\_  
B-Black \_\_\_\_  
I-American Indian/Alaskan \_\_\_\_  
A-Asian/Pacific Islander \_\_\_\_  
H-Hispanic \_\_\_\_  
U-Unknown \_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date of Birth** example: 8/15/1993

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**County**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Email Address**

Location of Volunteer Services: \_\_\_\_\_

I authorize BCSC to complete a background check (limited criminal history and sex offender).

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**