

BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION

ADMINISTRATION BUILDING
1200 CENTRAL AVENUE
COLUMBUS, INDIANA 47201
Criminal History Authorization Form

Volunteers Only

Last Name

First Name

Middle Name

Suffix (Junior, Senior, etc.)

* - -

Date of Birth (MMDDYYYY)
Example (09-14-1956)

Sex M=Male, F=Female

A=Asian/Pacific

I=American Indian/ Alaskan

Race**

W=White

B=Black

U=Unknown

M=Multiracial

Address

City

State

Zip

County

Phone Number

* Must be 18

** As found on Indiana State Police Limited Criminal History Form

Authorization Form for Volunteers

During the application process and at any time during the volunteering, I hereby authorize BCSC to conduct a background check (criminal background, sex offender registry, and other records where required by local state, or federal law).

The background checks will be completed through two services:

1. The Limited Adult Criminal History Information through accessIndiana and the Indiana State Police (no cost) and
2. The Sex Offenders Registry will be checked at no charge

Signature

Date

Challenging the reports:

An individual may challenge the information contained in the person's **criminal history data file** 10-13-3-31. The cost for challenging the Limited Adult Criminal History Information is \$10.00. Information will be provided upon request.

Emergency Contact: _____

Relationship: _____

Telephone #: _____