

Volunteer/Chaperone Release Form

I am offering my services as a volunteer to help in the following area(s): (Check all applicable)

NCA Elementary NCA Athletics Teacher(s) _____
 NCA Secondary School-wide Coach(es) _____
 BCA Elementary BCA Athletics Performances _____

Any person who volunteers to work shall be screened through the Internet sites for the Sex Offenders Registry (SOR) list, the Internet a Criminal History Access Tool (ICHAT) criminal history records check and the Offender Tracking Information System (OTIS) prior to be allowed to participate in any activity or program. I understand the check is mandatory and agree to provide the following personally identifiable information in printed form:

1. Legal Name: _____
2. Date of Birth: _____
3. Gender: M _____ F _____
4. Driver's License Number: _____
5. Issuing State: _____
6. City and County of Residence: _____
7. Race: _____
8. Maiden Name: _____
9. Other Aliases (previous married name, etc.): _____
10. Student Name(s): _____

For the protection of children, North Central Academy is required by law to inquire of its volunteers whether or not they have ever been convicted of a crime related to children. Please indicate on the line below whether you have ever been convicted of any crime, felony or misdemeanor, that relates children.

None (Check here if you have not been convicted of any offense related to children.)

ACCEPTANCE:

- A. As a volunteer, I work at the discretion of North Central Academy staff.
- B. As a volunteer, I am not in any manner considered an employee of North Central Academy or entitled to any benefits provided to an employee.
- C. I agree to abide by all North Central Academy rules, administrative guidelines and policies while on duty as a volunteer.
- D. If I become ill or suffer an injury as a result of volunteer services at North Central Academy, I release any obligation by the school; agreeing that I will be responsible for any and all hospital and medical charges that may accrue.
- E. I agree that it is my responsibility to notify the building leader if the status of my criminal background history information changes in any way after the date on this form.

By completing this form and signing below, I agree to all the above referenced provisions (A-E). In addition, I authorize North Central Academy through designated employee(s), to conduct a criminal history file check.

Signature of Volunteer

Printed Name of Volunteer

Date

Teacher/Coach Signature

Administrator Signature