



Bloom-Carroll Local School District

Volunteer Information Sheet



*NOTE: This form must be completed and submitted to your child's school each year you plan to volunteer.
(Bloom-Carroll staff members are not required to complete this form.)*

NAME: _____ DATE: _____

ADDRESS: _____ CITY, STATE, ZIP _____

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL ADDRESS: _____

Have you had a criminal background check with Bloom-Carroll Schools in the past 5 years? Yes No

*To make an appointment for a background check, please call Jennifer Luckhaupt at 614-837-6560
or email jluckhaupt@bloomcarroll.org.*

Do you have: Child(ren) Grandchild(ren) Foster Child(ren) No Child(ren) ...in the District?

Child's Name: _____ School: _____ Grade: _____ Teacher: _____

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Please check each school where you wish to volunteer:

BC High School BC Middle School BC Intermediate School BC Primary School

Please check the area(s) where you wish to volunteer:

(These areas require a current BCI criminal background check)

Field Trips Tutor/Classroom Helper FFA Marching Band

Uniform Fittings Field Day PTO Events (Fun Nights, Dances, Secret Santa)

Library Helper/Book Fairs Art/Music Helper Secretarial Help in Office or Classroom

Other (Please Specify): _____

VOLUNTEER AGREEMENT

I, _____, have read the Bloom-Carroll Local School District Volunteer Guidelines and agree to abide by these guidelines. I understand that a criminal background check is required to volunteer in the selected area(s).

Signature of Volunteer: _____ Date: _____

Signature of Building Principal: _____ Date: _____

FOR DISTRICT OFFICE USE ONLY

Date Received: _____ Date of Board Action: _____

Background Check Required?: yes no Date of Background Check: _____

Background Check Expiration Date: _____