



Bloom-Carroll Local School District Volunteer Information Sheet

*NOTE: This form must be completed each year you plan to volunteer.
Only one form should be submitted for each volunteer.
(Bloom-Carroll staff members are not required to complete this form.)*

VOLUNTEER 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 jennifer.luckhaupt@bloomcarroll.org*

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

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

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

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

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

Please check each school where you wish to volunteer:

___ BC High School ___ BC Middle School ___ BC Elementary 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: _____

Date of Background Check: _____

Background Check Expiration Date: _____