

***FLAT ROCK-HAWCREEK SCHOOL CORPORATION***

***99423 North State Road 9, Hope, IN 47246***

***Ph. 812-546-2000 Fax 812-546-5617***

**Extra-Curricular or Building Assistant Information  
For School Board Approval**

(To be used for all volunteer assistants working with any extra-curricular sponsors or in any of the school buildings on a regular basis. The School Board must approve volunteers before beginning work with students.)

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Name of Volunteer:\_\_\_\_\_ DOB:\_\_\_\_\_

Maiden or AKA Names\_\_\_\_\_

Social Security Number:\_\_\_\_\_ DL#:\_\_\_\_\_ State:\_\_\_\_\_

Home Address:\_\_\_\_\_

List other addresses during past 7 years:\_\_\_\_\_

\_\_\_\_\_

Phone Contact#: (Home/Cell)\_\_\_\_\_

(Work)\_\_\_\_\_

Employer:\_\_\_\_\_

**Organization to be working with:**\_\_\_\_\_

School Involved:\_\_\_Hope Elementary \_\_\_\_\_ Grade Level of Students:\_\_\_\_\_

Student you will be attending with: \_\_\_\_\_

Projected Start Date:\_\_\_\_\_

Signature of approval by Building Principal\_\_\_\_\_ Date\_\_\_\_\_

Criminal History Completed:\_\_\_\_\_

Date Approved by Board:\_\_\_\_\_ Date Returned to Building Principal:\_\_\_\_\_

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