

# MOORESVILLE CONSOLIDATED SCHOOL CORPORATION

## EDUCATION CENTER

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### MCSO VOLUNTEER LIMITED CRIMINAL BACKGROUND CHECK PERMISSION FORM

I, \_\_\_\_\_, give my permission for the Mooresville Consolidated School Corporation to complete a **LIMITED CRIMINAL BACKGROUND CHECK** prior to my volunteering for MCSO. I understand that my failure to allow this background check to be completed will jeopardize my volunteering or chaperoning student trips/activities within the Mooresville Consolidated School Corporation.

Please complete **one background check per adult** and **not per building**. Please provide the following information:

Full Name for Volunteer/Chaperone <small>(Full Legal Name) (PLEASE PRINT LEGIBLY)</small>	Student(s) <small>(List all students in MCSO)</small>	School <small>(List school student(s) attend)</small>
<b>Date of Birth for Volunteer/Chaperone</b> Month _____ Day _____ Year _____		
<b>Gender of Volunteer/Chaperone</b> Female <input type="checkbox"/> Male <input type="checkbox"/>		
<b>Race of Volunteer/Chaperone</b> American Indian/Alaskan <input type="checkbox"/> Asia/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White <input type="checkbox"/>		

I understand this dated limited criminal background check is valid during the current school year only and the Central Office Administration will approve or deny the CBC.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Sponsor/Classroom*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date submitted to Principal*

\_\_\_\_\_  
*Principal's Signature*

\_\_\_\_\_  
*School*