

BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION

ADMINISTRATION BUILDING
1200 CENTRAL AVENUE
COLUMBUS, INDIANA 47201

VOLUNTEER CHECK ONLY

Indiana Background Check and Sex Offender Check*

Please provide your legal name.

Last Name

First Name

Middle Name

Sex
Male ____
Female ____

Race
W-White ____
B-Black ____
I-American Indian/Alaskan ____
A-Asian/Pacific Islander ____
H-Hispanic ____
U-Unknown ____

____ / ____ / ____
Date of Birth example: 8/15/1993

Address

City

State

Zip

County

____ - ____ - ____
Phone Number

Email Address

Location of Volunteer Services: _____

I authorize BCSC to complete a background check (limited criminal history and sex offender).

Signature

Date