

**Bloomfield School District
Application for Parent/Patron Volunteer & Visitor**

**PLEASE PRINT CLEARLY
PLEASE COMPLETE ALL LINES**

Legal name as it appears on your driver's license or social security card.

First: _____ Middle Name: _____ Last Name: _____

Other First Name: _____ Other Last Name: _____
(If applicable) (i.e. Maiden)

Race: _____ Sex: (F) _____ (M) _____

Date of Birth: Month _____ Day _____ Year _____ Place of Birth: _____

E-mail Address: _____ Phone: _____

Please list all your children who attend BSD Schools (Youngest to Oldest)

Child(ren) Name(s)	School(s)

- By submitting signed application for volunteer background request, the applicant is releasing the Corporation of any obligation should the volunteer become ill or receive an injury as a result of his/her volunteer services.
- Please note, you may be asked by school officials for more data if requested by Indiana State Police.

Signature: _____ Date: _____

For Office Use Only

Approved By: _____ Date: _____

Building Principal Signature: _____