

HARDIN COUNTY SCHOOLS STATE CRIMINAL RECORDS CHECK FORM (pursuant to KRS 17.160(4) and 161.148)

After completing this request, please return to your school volunteer coordinator. We will send this request to the Kentucky Administrative Office of the Courts, Frankfort, Ky. Contact your school's volunteer coordinator if you need to know if your request has been approved. If for any reason the request is not approved, you will be notified by mail. This is a requirement for all school volunteers in Kentucky. Please call 270-769-8867 with questions.

As of June 21, 2012, the Hardin County Board of Education will pay for state criminal records checks for those volunteering in academic activities or those who mentor a student.

KRS 161.148 defines a volunteer as anyone who

- *has contact with students on a **regularly scheduled or continuing basis**; or*
- *has **supervisory responsibility for children at a school site or on school-sponsored trips**.*

If you plan to volunteer for the school in ways other than the two mentioned above, please fill out this form (for HCS record purposes only). It will not be sent to the AOC in Frankfort. If you plan to volunteer in either of the two ways mentioned above, we ask you to fill out this form because we need it for our records and it will be sent to the AOC.

Once a volunteer (according to the definition of volunteers written above) has a state criminal records check performed and is approved, that volunteer will not have to have another criminal records check. A volunteer (as defined above) that has filled out a state criminal records check and was approved at anytime during or in preparation for 2011-12 school year or anytime thereafter is an approved volunteer from this point forward. Anyone else will be considered a new volunteer and must fill out a state criminal records check form.

One name per each form submitted

PLEASE PRINT OR TYPE INFORMATION CLEARLY; ADULT INFORMATION ONLY BELOW

School(s) where you would like to volunteer: _____

Social Security Number: _____ Are you an HCS Employee? **Yes** or **No** (Please circle one)

Date of Birth: _____

Full Name: _____

Maiden/Alias Name: _____

Street Address / PO Box: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Are you a (check one): **Are you a returning volunteer?**
 Are you a new Volunteer?

I attest that I am seeking to volunteer in an academic or mentorship capacity and allow HCS to pay for my state criminal records check.

Signature

Date

CONFIDENTIAL