



EXEMPT

Chaperone Information Sheet

2017/2018 Season

Choir (Circle Applicable)

Bel Canto	Chamber	Indianapolis Youth Chorale	Treble
Bella Voce	Fishers Children's Choir	Johnson Co Children's Choir	CICC-Concert
Boone Co Children's Choir	Franklin Children's Choir	Kantorei	CICC-Descant
Cantantes Angeli	Hendricks Co Children's Choir	Lyric	
Carmel Children's Choir	Henry Co Children's Choir	Octavo	

Name _____

Singer's Name _____

Address _____

City, State, Zip _____

Phone Home _____ Cell _____

Work _____

Email address _____

Do we have your permission to run a background check on you? Yes No

May we call you at work? Yes No

Have you supervised student groups in the past? Yes No
If yes, please explain:

Have you chaperoned an ICC Choir in the past? Yes No
If yes, please explain:

Times available to chaperone: (check all that apply)

Weekday days _____ Weekend evenings _____

Weekday evenings _____ Sunday mornings _____

Weekend days _____ Sunday evenings _____

Do you have current Emergency First Aid training? Yes No

Do you have current CPR training? Yes No

If you answered yes to both of the above, would you be willing to be a designated medical volunteer for a performance involving your choir? Yes No

I have participated in the Chaperone Orientation and agree to follow the guidelines set forth in presentation and handbook.

Signed: _____

Date: _____

NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTIGATION

I understand that a consumer report (background screening report) and/or an investigative consumer report (reference checks and/or interviews) that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with Indianapolis Children's Choir.

I understand that, if I am approved for volunteer service by Indianapolis Children's Choir, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of Indianapolis Children's Choir such may be necessary.

I hereby release and discharge to the extent permitted by law, Indianapolis Children's Choir, its employees, any individual or agency obtaining information for Indianapolis Children's Choir and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of Indianapolis Children's Choir.

By signing below, I, _____, have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

AUTHORIZATION

Print Name (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY)

Drivers License Number

Drivers License State

SEX: M or F

Race: _____

Any other names or aliases by which I have been known: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Previous Addresses incl. City, State, and Zip (Last 10 Years): _____

Note: Above information required for background check.

Signature

Date