

## Criminal History Record Check: (Must be completed)

No person who may be responsible for the care, custody, and/or control of a student is to be accepted or maintained as a volunteer if s/he has been convicted of any of the following offenses:

- A. aggravated murder, murder, voluntary manslaughter, involuntary manslaughter
- B. felonious assault, aggravated assault, assault
- C. failing to provide for a functionally impaired person
- D. aggravated menacing
- E. patient abuse or neglect
- F. kidnapping, abduction, child stealing, criminal child enticement
- G. rape, sexual battery, corruption of a minor, gross sexual imposition, sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring, prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually oriented matter involving a minor, illegal use of minor in nudity-oriented material or performance
- H. aggravated robbery, robbery
- I. aggravated burglary, burglary
- J. abortion without informed consent
- K. endangering children
- L. contributing to the delinquency of children
- M. domestic violence
- N. carrying concealed weapons, having weapons while under disability, improperly discharging firearm at or into a habitation or school
- O. corrupting another with drugs
- P. trafficking in drugs
- Q. illegal manufacture of drugs or cultivation of marijuana
- R. funding of drug or marijuana trafficking
- S. illegal administration or distribution of anabolic steroids
- T. drug possession offenses (that are not a minor drug possession offense)
- U. placing harmful objects in or adulterating food or confection
- V. a felony
- W. an offense of violence
- X. a theft offense (as defined in R.C. 2913.01)
- Y. a drug offense (as defined in R.C. 2925.01, that is not a minor misdemeanor).

I certify that the above information is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

*(SS # will be destroyed immediately following background check)*

Please note that any volunteer may be subject to fingerprinting.

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For Office Use Only

This volunteer has been assigned to:

Building \_\_\_\_\_