



FRANKLIN EDUCATION CONNECTION
Study Connection

For Office Use Only	
School Assigned	_____
Background Check	_____
Email Group	_____
Data Base	_____

Study Connection Volunteer Application

Return to: Franklin Study Connection; P.O. Box 903; Franklin, IN 46131	Phone (317)524-8544
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Name _____, _____, _____, _____
 First M.I. Last Maiden

Previously used names _____

DOB _____ Gender M F Race/Ethnicity _____

Phone: Home _____, Work _____, Cell _____

Email Address _____

Home Address _____

City _____ Zip _____ County _____

Mailing Address (if different than above) _____

Previous Address (if less than 7 yrs. at current) _____

Employer _____ Occupation _____

Select the time(s) and location(s) that you would like to serve as a Study Buddy. You may choose more than one location as long as times do not overlap.

Thursday	Thursday	Thursday
_____ 2:30-3:30 PM Creekside Elementary School	_____ 2:30-3:30 PM Webb Elementary School,	_____ Direct Connection During the school day at any of the elementary buildings
_____ 2:30-3:30 PM Needham Elementary School	_____ 3:00-4:00 PM Custer Baker Intermediate	
_____ 2:30-3:30 PM Northwood Elementary School	_____ During the school day Franklin Comm. Middle School	
_____ 2:20-3:20 PM Union Elementary School		

	Reference 1	Reference 2	Reference 3
NAME AND RELATIONSHIP TO YOU			
STREET ADDRESS			
CITY, STATE, ZIP			
PHONE NUMBER			
E-MAIL ADDRESS			

To be considered as a Study Connection volunteer, you must:

- Have a valid Indiana driver's license or Indiana State Identification
- Be free of alcohol abuse/dependency (at least 2 years)
- Have not used illegal drugs or controlled substances within the last 2 years
- Not have a felony record or criminal record (i.e. misdemeanor) involving harm to others
- Study Connection requires a limited criminal history, sex offender and driving record check on all applicants. If accepted, I understand my obligation to meet with my student regularly and inform program coordinators as to the status of that relationship upon a regular basis as determined by the program. As per agency policy, the agency is not obligated to give reason if my application is not accepted. I hereby authorize Study Connection to obtain the above information. By signing below, I authorize the Franklin Police Department to search their records and release any information concerning any criminal history I may have.

Applicant Name (please PRINT clearly) _____

Applicant signature _____ Date _____

Have you resided in any other state over the past 7 years? _____ no _____ yes (fill in information below)

Dates of Residency	City	State/Zip	County

Franklin Police Department Use Only Note: This information is limited to arrests made by the Franklin Police Department only. The charges that are listed are arrests only, no disposition(s). The disposition(s) may or may not be of a lesser charge.

DATE	ID CODE	CHARGE

* If a line is checked below, it indicates that this person has an arrest involvement with that agency.

_____ Bargersville PD _____ Edinburgh PD _____ Greenwood PD _____ Johnson County Sherriff

_____ New Whiteland PD _____ Whiteland PD _____ Trafalgar PD _____ Prince's Lake PD