



**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 day of the week or location as long as times do not overlap.

Tuesday	Wednesday	Thursday
_____ 4:00-5:00 PM Boys & Girls Club, 1 <sup>st</sup> -4 <sup>th</sup> grade	_____ 2:30-3:30 PM Webb Elementary School,	_____ 2:30-3:30 PM Creekside Elementary School
	_____ 3:00-4:00 PM Custer Baker Intermediate 5 <sup>th</sup> & 6 <sup>th</sup> grades	_____ 2:30-3:30 PM Needham Elementary School
		_____ 2:30-3:30 PM Northwood Elementary 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.

Bargsville PD    
 Edinburch PD    
 Greenwood PD    
 Johnson County Sherriff  
 New Whiteland PD    
 Whiteland PD    
 Trafalgar PD    
 Prince's Lake PD