SCHOOL DISTRICT OF WAUPACA

515 School St. Waupaca, WI 54981 715-258-4121(P)

Volunteer Application Form

The responsibility the Waupaca District has to its school children, program participants and community necessitates the following information from all applicants regarding arrest and conviction records. A record of arrest or conviction does not automatically prohibit volunteer service. The information on this form will be kept confidential. It is the policy of the Waupaca District to require all volunteers and Waupaca prospective volunteers to complete this Disclosure Statement. Subsequently, the School District may complete a background check through the Wisconsin Department of Justice.

PLEASE PRINT CLEARLY

NAME:_____SOC. SEC.#_____
Last First Middle

*List all names you have ever had or have used:_____

ADDRESS:_____
Street City State Zip

NUMBER OF YEARS AT THIS ADDRESS:_____ DATE OF BIRTH_____/_____/_____ GENDER_____

PHONE:_____Home _____Cell _____Work EMAIL:_____

VOLUNTEER ACTIVITY: ( )Sports_____ ( ) Field Trips:_____ ( ) Classroom: _____
( )Other: _____

( ) Yes ( ) No Have you held a Wisconsin Driver's License?

( ) Yes ( ) No Do you have students in the School District of Waupaca? If so, where?_____

( ) Yes ( ) No Have you ever been convicted of, or do you have any charges pending or under investigation, for felonies or misdemeanors? IF YES, please fill in the information below and include date, location, nature and circumstances of offense._____

( ) Yes ( ) No I have completed the School District of Waupaca Volunteer Application with the **past year**:

1. I have **NOT** been either arrested or have charges pending/under investigation for any felonies or misdemeanors since the time of my last application.
2. I **HAVE** been either arrested or have charges pending/under investigation for a felony or misdemeanor in the past year. Please explain: _____
_____

I authorize the Waupaca School District and the Waupaca Police Department to review my personal background. I consent to having the Waupaca School District conduct a full and complete criminal background check. I understand that any misrepresentation on this statement may result in immediate disqualification for volunteer service within the School District of Waupaca. I understand that the School District of Waupaca will verify the information I have provided above. I understand that the District reserves the right to deny my application to serve as a volunteer. I hereby release the District, its board and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions.

_____ _____
Signature Date

DISTRICT OFFICE USE:

Please return this form to your student's school or to the School District of Waupaca, Greg Nyen, District Administrator
515 School St., Waupaca, WI 54981

Background Check Ordered:_____ Received:_____
Approved:_____ Not Approved:_____
Signature:_____ Date:_____
Referred To:_____ Date:_____
Applicant Notified Via:_____ Date:_____

School District of Waupaca

VOLUNTEER CONFIDENTIALITY AGREEMENT

Confidentiality is strong consideration in volunteering with the School District of Waupaca. Confidentiality is also a major consideration when individual building and classrooms are in need of volunteers.

Communication of personal and educational information regarding students, parents, staff or associate must be regarded as confidential. Student's academic and medical records, telephone contacts and information about students, families, employees of the district acquired through volunteering must NEVER be communicated beyond the scope of professional and paraprofessional personnel who require such information to work with the student. Questions regarding practice, policies, types of cases and/or internal problems should be directed to the administrator.

This policy concerning confidentiality shall emphasize that any infringement will be considered a gross violation of rules and may lead to the immediate discontinuing of volunteer relationship with the School District of Waupaca.

I have read and understand the above.

_____ _____

Signature Date

_____ _____

Name – Please Print Field Trip Date – if applicable

_____ _____

Email Phone Number

Students Names/Grades (If applicable) _____

_____

_____

_____