



SCHOOL DISTRICT OF LODI

Lodi, WI 53555

District Office
115 School Street
Phone: 608.592.3851
Fax: 608.592.3852

High School (9-12)
1100 Sauk Street
Phone: 608.592.3853
Fax: 608.592.1045

Middle School (6-8)
900 Sauk Street
Phone: 608.592.3854
Fax: 608.592.1035

Elementary School (3-5)
101 School Street
Phone: 608.592.3842
Fax: 608.592.1025

Primary School (Pre-K-2)
103 Pleasant Street
Phone: 608.592.3855
Fax: 608.592.1015

VOLUNTEER BACKGROUND CHECK AUTHORIZATION

School(s) at which you are volunteering: (check all that apply): Primary Elementary Middle High

In order to provide a safe and healthy environment for school sponsored activities, it is district practice to require a background check and to check references for anyone who may be in direct contact with our students. In doing so, we may review relevant public documents regarding criminal activity. For this reason, please provide the information below as requested. (Note: Current Lodi School District employees are not subject to an additional background check in order to volunteer within the School District of Lodi.)

Full Legal Name (required) (including middle name): _____

Date of Birth (required) (mm/dd/yyyy): ____/____/____

Social Security Number (required): _____ - _____ - _____

Complete this section only if you have ever lived in state(s) other than Wisconsin.

If yes, please list state(s), approximate time frame/year(s) you lived in each state, and full legal name while residing in each state.

State _____	Year _____	Legal Name: _____
State _____	Year _____	Legal Name: _____
State _____	Year _____	Legal Name: _____

Please list two references from non-relatives:

Name: _____ Daytime Phone: _____

Name: _____ Daytime Phone: _____

I authorize the School District of Lodi to process my application for volunteer service by reviewing my background. This may include checking references and reviewing relevant public documents regarding criminal activity. I hereby release the School District of Lodi, its employees, representatives, and such individuals, or organizations from all liability or claims for any damage whatsoever incurred obtaining for furnishing such information.

Signed: _____

Date: ____/____/____

For Internal Use Only – Print and attach background check results prior to forwarding to administration.

Date of Request Criminal History Website: ____/____/____ CIB Search Requested by: _____

- Approved - No Criminal History
- Referred to Building Administrator for Review of CIB Record

Review of CIB Record:

- Approved by Building Administrator: ____/____/____
- Background Check and Application Sent to District Administrator: ____/____/____
- Approved Denied - by District Administrator: ____/____/____