



## WHAT IS WATCHDOGS?

Watch D.O.G.S (Dad of Great Students) is a program focusing on safety and education in schools by using the positive influence of father-figures. Fathers, stepfathers, grandfathers, uncles, and any other father-figures are invited to spend the day as a volunteer in their student's school. These individuals will help support the school by volunteering their services during arrival / dismissal, recess, lunch and in the classroom.

To start the process please complete the registration form attached and return it to your child's classroom teacher or office by **September 24th, 2021**. All volunteers will be screened by the district before being accepted into the WatchDOGS program. After the screening process is complete each applicant will be notified via email of their acceptance. Once accepted, you will be given instructions on how to sign up for specific dates. All WatchDOGS will be given a brief overview of their schedule and provided an official "dog tag" sticker in the office, when they arrive. This will ensure everyone is able to identify our WatchDOGS in the building.

**As of now, all students, staff, and visitors are required to wear masks.**

We look forward to your participation and if you have any further questions please contact one of the school counselors.

**Nicole Dugan and Chelsea Johnson Bagwell  
913-721-5000**



## *Piper Creek Elementary School*

Name (First/ Middle Initial/ Last): \_\_\_\_\_

Email: \_\_\_\_\_

Student's Name(s):

\_\_\_\_\_

Homeroom Teacher(s):

\_\_\_\_\_

**Please return these forms to classroom teacher**

## Applicant Information Form

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Other Names Used (Including Maiden Name) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Sex (Please circle) M F Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

State Driver's License was issued in: \_\_\_\_\_

I understand that information in this form will be used for the purposes of running a background check. I have signed the Authorization and disclosure form. I understand this is **not** the authorization and disclosure form and that All information obtained from this form, specifically Date of Birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval of information.

I certify the information I provided on this form is true and correct.

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Todays Date \_\_\_\_\_

- This form is for collection of information needed for a background check and does not need to be uploaded.

# Employment Disclosure and Authorization for Background Check

## Section I: Disclosure

(the "Company") may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. The report ordered is defined by the Fair Credit Reporting Act (FCRA) as a consumer report, and all inquiries are limited to information that affects job performance and the workplace. It is conducted in accordance with applicable federal and state laws including the FCRA. The screening will be conducted by an outside agency- National Screening Bureau LLC- Address 515 N Ridge Rd, Ste 202 Wichita, KS 67212 [Phone: 1-877-263-4405] [Fax: 316-223-1094] As a result, National Screening Bureau may obtain a consumer report on you as an applicant or during employment.

A Consumer report is a compilation of information that might affect your employability. The scope of the report may include information concerning your driving record, civil and criminal court records, credit, drug screening results, worker's compensation records, education, credentials, identity, past addresses, Social security number, previous employment and personal references.

Should an employer rely on a consumer report for an adverse action, the FCRA mandates you be provided with a copy of the consumer report and a summary of your rights. An adverse action is defined as "a denial of employment or any other decision for employment purpose that adversely affects and current prospective employee."

## Section II: Authorization and Release

I have carefully read and understand this Disclosure, Authorization and Consent for the procurement of consumer reports form and the summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, National Screening Bureau, LLC., to the company and its designated representatives and agents. I authorize the company to share the contents of this consumer report or investigative consumer report with its partners and clients in an effort to place me into an employment/independent contractor relationship with those partners. I understand that if the company hires me, my consent will apply, and the company may obtain reports, throughout my employment. I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports. By my signature below, I authorize law enforcement agencies, learning institutions

(including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle record agencies, my past and present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. By my signature below, I certify the information I provided on this form is true and correct and will be valid for any reports that may be requested by or on my behalf of the company.

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**California, Minnesota or Oklahoma applicants only:** check this box to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report from National Screening Bureau electronically. For a paper copy, contact National Screening Bureau at 1-877--263--4405 or support@natsb.com.