

VOLUNTEER APPLICATION AND CONSENT FORM

Part 1 See back for Part 2.

It is the policy of the Boards of Education of Lake Geneva Joint #1 and Lake Geneva – Genoa City Union High Districts (hereafter referred to as Lake Geneva Schools) to conduct criminal background checks of all individuals seeking to serve as volunteers who work one-on-one, alone with students in our schools, or who accompany students on activities; or who, in the discretion of the District Administrator or his/her designee supervise students in an activity with limited oversight by school staff. The information provided below will only be used to conduct such a background check.
Please **clearly print your information.**

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Male Female

Social Security Number _____

This information is required. The Human Resources Department keeps this information confidential. You may submit form in a sealed envelope.

Maiden/Other Names _____

I understand and agree that:

- The Lake Geneva Schools will conduct a criminal background investigation.
- All information provided above is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal as a volunteer.
- I voluntarily and knowingly authorize any government agency, its officers, employees, and agents to release any and all information regarding my criminal history to the Lake Geneva Schools, its officers, employees, and agents.
- I voluntarily and knowingly fully release and discharge, absolve, indemnity, and hold harmless such agency and the Lake Geneva Schools or its representative from any and all claims, liability, demands, causes of action, damages, or costs, including attorney fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release.
- This is a volunteer position that entitles me to no pay or wages from the Lake Geneva Schools for my services. I understand that this volunteer agreement can be ended without notice at any time by either the school district or by me.

Please check any and all schools where you may volunteer:

Central-Denison ES Eastview ES Star Center ES Lake Geneva MS Badger HS

This application must be resubmitted every three years.

Signature _____ Date _____

Part 2 Over for Confidentiality Statement

CONFIDENTIALITY STATEMENT

Part 2

Volunteers are often in the school building and in the classroom where it is inevitable that they observe students' strengths, weaknesses, and behaviors. Often these observations represent only a snapshot of a child on a given day and at a given time.

In an effort to raise the consciousness of volunteers about the importance of every student's privacy, we require all volunteers to keep in mind that observations or information about students obtained as a result of volunteer efforts should be treated as confidential. Observations should not be shared with others. Under no circumstances should information including the names of students and/or photos of students be exchanged electronically or posted on non-district approved websites, including social networks like, but not limited to, Facebook. By volunteering, you are indicating a willingness to respect the privacy of the students you observe.

We also require that volunteers respect the privacy of staff if information of a personal or professional nature is overheard or observed at school.

If you have any questions about this policy, please contact the school principal.

I have read the Confidentiality Statement and my signature below indicates my willingness to abide by it.

Print Name _____

Signature _____ **Date** _____

Student name(s): _____

For office use only: Date Checked: _____ Initials: _____ Approved: Yes No