



Confidential
DISTRICT VOLUNTEER APPLICATION AND DISCLOSURE FORM

Please complete this Volunteer Application and Disclosure Form and return to the building where you will be volunteering. No one may engage in District volunteer work until the District has approved their application and completed a background check.

PLEASE PRINT CLEARLY

Today's Date _____

I. Personal Information

Legal Name _____
First Middle Last

List all names you have ever had or have used (including maiden name).

Date of Birth _____

Street City State Zip

Number of years at this address _____ Number of years living in Wisconsin _____

If you lived in Wisconsin for less than five (5) years, which state did you last reside in and for how long?

Yes No Has a child abuse restraining order ever been issued against you?

Yes No Have you ever been convicted of, or do you have any charges pending, or are you under investigation for any felony or misdemeanor?

If yes, please include date, location, nature, and circumstances of offense(s).

I wish to volunteer at the following Stevens Point Area Public School District school(s) (circle).

4K P-W McD Jeff Mad Ken McK Roos Wash Ban Ben Fr P.J. SPASH CFC
PoDS BSF

Volunteer for the following Teacher(s) full name(s) _____

Volunteer Information (please complete below)

Email _____ Home Phone _____ Cell Phone _____

Occupation _____

II. Volunteer Experience and Preference

A. Previous volunteer or other experience _____

B. Please indicate your volunteer preference (e.g., grade level, location, classroom, activity, sport, special area)

C. Days of the week or times available _____

III. Volunteer Statement

I am applying to be a volunteer as part of the Stevens Point Area Public School District's Volunteer Program. As a volunteer, I understand I will not receive pay for this duty. In addition, I understand that no employer/employee relationship will exist. The safety and confidentiality of students is one of the District's highest priorities. As a volunteer, I am required to keep all information obtained or observed while volunteering about students confidential, other than reporting any concerns to staff. Further, any video or photography should be limited to **only my** child/children during field trips. In order to ensure safety in our schools and for the protection of students of the District, I authorize the District to conduct an annual background check. The District reserves the right to conduct additional background checks as deemed appropriate. Except as may be required by law, the District will maintain the confidentiality of information obtained through background checks. The District will conduct criminal background checks on all volunteers who will be working directly with students and/or who have consistent access to students or student records. I hereby release the District, its Board and its agents, as well as all providers of information, from any liability related to furnishing, receiving, or using information related to arrests and convictions. I understand that any misrepresentation or omission on this statement may result in immediate disqualification for any volunteer service within the District. I understand that the District 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.

Date _____

Printed Name (please print clearly) _____

Signature _____

IV. Volunteer Status as determined by District Administrator or their designee

A. Background Check Completed _____ Date _____

- B. Background Check Status: Approved without supervision of staff
 Approved with supervision of staff
 Not approved