



SCHOOL DISTRICT WASHBURN

VOLUNTEER APPLICATION

Full Legal Name: _____

Address _____
(Street/P.O. Box) City/State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Volunteer Areas: Volunteer Coach, PTO, Chaperone, transportation, classroom assistant, after school/ Saturday fun day , other (list) _____ (Circle all that apply)

Student Name & Home Room Teacher (if applicable) _____

Emergency Contact Information

1. Name _____ 2. Name _____

Address _____ Address _____

Phone _____ Phone _____

Confidentiality Agreement

By signing this application, I agree to treat all information I may hear, see, read or otherwise acquire as highly confidential and I will not reveal or discuss this information outside of my official volunteer duties for The School District of Washburn.

Signature of Applicant _____ Date _____

Volunteer applications are valid for a period of three years

Please return this form directly to the school in person or to:
Washburn School District-Vol. TG , PO Box 730, Washburn, WI 54891

Office Use Only

☐ Approved

☐ Denied

☐ Restricted



SCHOOL DISTRICT WASHBURN

Criminal Record Disclosure & Consent Release of Information Form

The following information is required of applicants and requested solely to enable the School District of Washburn to make inquiries to appropriate government officials regarding possible criminal records or pending criminal charges, national and state sex offender registry and the offender tracking information system.

I release the School District of Washburn and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

Full Legal Name:

Last First Middle
Previous Name/Maiden Name(s) _____

Birthday _____ **Social Security Number** _____
Month Day Year

Driver's License Number _____ **Expiration** _____

Gender: ☐ Male ☐ Female **Ethnicity:** Hispanic/Latino Ethnicity? ☐ American Indian/Alaskan Native ☐ Asian
Check one ☐ Yes ☐ NO ☐ Black/African-American ☐ White
☐ Native Hawaiian/other Pacific Islander

Do you have any criminal history, ordinance violation or involvement in any pending court cases? _____ **No** _____ **Yes**

If Yes please specify: _____

Current & Previous Residency Information: Please list all residency information since the age of 18 starting with the most recent.

Address	City	State	Your name at that time

Signature

Date

I hereby authorize the School District of Washburn and/or its agents to conduct a criminal record inquiry. The above information is my true and complete legal name and all information is true and correct to the best of my knowledge.

Note: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. The School District of Washburn abides by all applicable state and federal employment laws.