



School District of Marshfield Contract to Transport Students On Behalf of the District

(Please **print** legibly and complete the entire form)

Date Reviewed: _____

Accepted _____ Rejected _____

Date approved thru: _____

You must be at least 18 before driving a personal or district owned vehicle on behalf of the district. The application references guidelines established in Wisconsin Statutes Section 121.52 and Board Policy 8660. For your safety, and that of our students, a **BACKGROUND CHECK** will be completed on all drivers by the School District of Marshfield or its agencies. Approved applications will be valid for a maximum of 1 year, or for the duration listed on the proof of insurance if less than 1 year. **YOU MUST ATTACH A COPY OF YOUR VALID DRIVER'S LICENSE.**

***Required fields. The application cannot be processed without completion of these fields.**

INFORMATION

*Legal Name as it appears on your photo ID (last, first, middle):		*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	*Birth date: / /	*Social Security no.:
Other names used:	*ALL states resided in over the age of 18:	*Home phone no.: ()		Alternate phone no.: ()

Residence Addresses for the past 7 years (use back of form if needed)

*Street Address:	*City/State:	*ZIP Code:	From Mo/Yr	To Mo/Yr

*Driver's License Number:	License Restrictions:
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***If using a personal vehicle, you must provide Proof of Insurance and additional vehicle information below:**

Personal Vehicle #1		Personal Vehicle #2	
Year/Make/Model:	Year/Make/Model:		
License Plate #:	License Plate #:		

The School District of Marshfield has a responsibility to its students, staff, and visitors. In this regard, all individuals desiring volunteer assignments in our facilities are required to complete a criminal history document. The School District of Marshfield reserves the right to refuse volunteer assignments to individuals convicted of offenses pursuant to Wisconsin state law. Please list below all charges of criminal offense, whether adjudicated guilty or not, and whether the offense occurred in Wisconsin or in another state. Include all convictions of criminal traffic offenses, such as DUI, driving with a suspended license, and careless or reckless driving. Also include any sealed or expunged convictions and any convictions or confirmations of child abuse. In completing this public document, please understand the School District of Marshfield's sincere concern, for the safety of students, staff, and visitors.

*Have you ever been CONVICTED, as defined above, pled no contest, or had adjudication withheld in a criminal offense, felony, or misdemeanor OR are there any criminal charges now pending against you other than minor traffic violations?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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***If yes**, please show date of convictions, the town, city, state where it occurred, the arresting agency, the specific offense, and the disposition of the case (paid fine, guilty, nolo contendere, adjudication, PTI/PTD, etc.)

DATE OF CONVICTION	LOCATION/ARRESTING AGENCY	SPECIFIC OFFENSE	DISPOSITION

By signing below, I hereby agree:

- To the rules and responsibilities of the volunteer assignment and that any product produced while a volunteer shall be the property of the school board. I understand that all involvement with students shall be under staff supervision and is restricted to the school day, on the school grounds, or a school-sponsored activity.
- My signature below certifies that I have reviewed the criminal statement and responded truthfully. **FALSIFICATION OR OMISSION ON AN OFFICIAL PUBLIC DOCUMENT IS A CRIMINAL OFFENSE AND CAN BE PROSECUTED, AND MAY CONSTITUTE GROUNDS FOR DISQUALIFICATION FROM BEING A VOLUNTEER.**
- I authorize the School District of Marshfield and their agents to conduct a comprehensive review of my background through a consumer report. I understand the scope of the consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records. I release all persons or corporations furnishing such information from liability and responsibility.
- I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right under the FCRA will be provided to me.
- I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.
- I agree to maintain **CONFIDENTIALITY** of student's information.
- I possess a valid driver's license and I have an auto liability insurance policy currently in effect on the vehicle being driven which meets the minimum standards of the state of WI. I am responsible for the safe transportation of the students and/or staff and agree to operate the vehicle in a safe manner and in accordance with WI law which includes, but not limited to talking, texting, etc. on my cell phone while driving.

***Signature** _____

***Date** _____