



School District of Mukwonago – Volunteer Application Form (Revised 10/2017)

Please fill out, print, sign and return this form to your school

It is the policy of the Board of Education of the Mukwonago School District to conduct criminal background checks of all individuals seeking to serve as volunteers who will work with students in our schools or who accompany students on activities or who, in the discretion of the Superintendent 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 background check. All information must be provided. A record of arrest or conviction does not automatically prohibit volunteer service. It is the policy of the School District to require volunteers to complete this Disclosure Statement.

- 1) A copy of this application must be completed and on file at each school you wish to volunteer.
- 2) Completed forms will remain on file at each school for the period your child(ren) is/are enrolled.
- 3) The District reserves the right to perform re-checks as appropriate or necessary.

Last Name:	First Name:	MI:
Please list any maiden names, nicknames, alias names, or other names you have used including all previous married names and the years used:		
Current Address:	City:	State: Zip: Phone #:
Have you ever lived outside of Wisconsin? No Yes (circle one) If Yes, please indicate state(s): _____		
Date of Birth: _____ (mm/dd/yyyy) Gender: Male Female (circle one)		
Have you ever pled guilty, or no contest/nolo contendere, to or been convicted of an ordinance violation (exclude traffic violations resulting in fines less than \$50.00), misdemeanor or felony: No Yes (circle one) Do you have any pending charges: No Yes (circle one)		
If yes, please describe below and include date, location, nature and circumstance of offense:		
Do you have children in the Mukwonago School District: No Yes (circle one) If so, what school(s)? _____		
Students(s) Legal Name(s): _____		
In case of emergency, please contact: _____ Phone No. _____		
<u>CERTIFICATION STATEMENT:</u> (Read carefully before signing)		
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 Mukwonago School District, its officers, employees and agents.		
I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless such agency, its officers and agents from any and all claims, liabilities, demands, causes of action, damages or costs, including attorneys' fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release.		
_____ Name Printed	_____ Date	_____ Signature
Volunteer Confidentiality Policy		
Confidentiality is a strong consideration in volunteering with the School District. Confidentiality is also a major consideration when individual buildings and classrooms are in need of volunteers.		
Communication of personal and educational information regarding students, parents, staff or associates must be regarded as confidential. Students' academic and medical records, telephone contacts and information about students, families and employees of the district acquired through volunteering must NEVER be communicated beyond the scope of professional and paraprofessional personnel who require such information to work with the students. Questions regarding the practice, policies and types of cases and/or internal problems should be directed to the administrator.		
This policy concerning confidentiality shall emphasize that any infringement will be considered a violation of rules and may lead to immediate discontinuing of volunteer relationship with the School District.		
I have read and understand the above. _____		
Signature		Date

Office Use Only:

Date Checked ____/____/____ Approved State Database Federal Registry
 Checked By: _____ Denied (See attached for explanation) Applicant notified of denial via: _____