

Volunteer Application

Shawano School District
218 County Road B
Shawano, WI 54166

School:

Disclosure Statement

The tremendous responsibility the Shawano School District has to its students and community necessitates gathering the following information from all volunteers. Volunteers must report any changes in information that occur subsequent to the time they initially completed this form.

Last Name	First Name	Middle Initial
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Other names used (e.g. Maiden name):

Social Security Number

Date of Birth

Current Address:

Former Address (1):

Former Address (2):

General Information

1. Have you ever been dismissed or asked to resign from any position? ☐ Yes ☐ No

If yes, please explain fully and include the state in which this happened. _____

2. Have you ever been found guilty of any crime, or pleaded guilty or no contest to any crime, including any ordinance violation? Or, do you presently have any pending violations of law? (Exclude traffic violations resulting in fines of less than \$500.00 if no minors were involved.) ☐ Yes ☐ No

If yes, please explain fully and include the state in which this happened. _____

References

Name

Occupation

Address: (Street)

(City)

(State)

(Zip)

Home Phone

Business Phone

Name

Occupation

Address: (Street)

(City)

(State)

(Zip)

Home Phone

Business Phone

715-526-3194
RELEASE OF INFORMATION FORM
Shawano School District
218 County Road B
Shawano, WI 54166
715-526-3194

Read and Sign

I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application.

Applicant's Signature _____ Date _____

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for volunteering. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Police Chief or Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Wisconsin or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

VOLUNTEER CONFIDENTIALITY AGREEMENT

In order to protect the confidentiality for the student served and the parent or guardian, the Shawano School District and federal laws requires all school personnel and volunteers to protect confidentiality. Therefore all volunteers must agree to not discuss students, district employees or other confidential situations with others outside the school environment.

Volunteers who violate trust by discussing sensitive confidential information may be asked to cease their involvement as a volunteer.

I hereby agree to maintain the above confidentiality as a volunteer for the Shawano School District.

Signature _____ Date _____