Genoa City Jt 2 School District

Volunteer Background Check and Confidentiality Agreement Form

Name of Volunteer:		BES	BMS
Full Legal Name			
Date of Birth		Social Security #	
Email Address			
Current Address			
Home Phone		Cell Phone	
Name & Grades of Children in GCJ2 District			
volunteering in our school, working with children, or chaperoning children. Please complete the following information: Have you lived outside of Wisconsin during the past five years?			
	my services as a volunteer w wledge that I may gain directly staff, and or their actions /abi roviding my social security nur d check, or any omission of co	y or indirectly concerning stud lities, is considered a breach mber and personal information invictions or pending charges	lents or staff. Discussion of of professional conduct and
able to serve as a volunteer of Signature:		ty Jt. 2 School District Date :	