

FALL RIVER SCHOOL DISTRICT
VOLUNTEER BACKGROUND CHECK INFORMATION



Dear Interested Volunteer,

One of the wonderful things about the Fall River School District is the opportunity for community members to participate in the life of the school and contribute to the success of our children's learning. We feel our volunteers are an important and essential part of our schools. Our goal is to provide an experience for the volunteer that is respectful and satisfying. Thank you for annually completing the following information. Please contact a building principal with any questions concerning the school's volunteer program or this background check. Thank you for your work with and for the children of the Fall River School District.

Name _____ Date _____
First Name Middle Initial Last Name

Name of Child/Children (if currently enrolled) _____

Volunteer Date of Birth _____ Phone Number _____

Address _____

Email Address _____

Level(s) where you would like to volunteer: K-3 4-6 7-9 10-12 Rec. Dept.

*** Keys assigned (if with Rec. Dept.) _____

Name of staff member/area you would like to volunteer for: _____

May your phone number be shared with groups/organizations associated with the District?

Yes No Thank you

To ensure the safety and well-being of our students and staff, the Fall River School District conducts criminal background checks on all of its employees and volunteers prior to the start of employment or volunteer service. Checks may be completely with help from law enforcement, and/or are done through the following websites: <http://offender.doc.state.wi.us/public/> and <http://wcca.wicourts.gov/index.xsl>.

I authorize the Fall River School District to make any inquiry of, or receive information from any person or organization regarding my suitability for volunteering and do hereby give permission to these persons or organizations to provide such information. I authorize the Fall River School District to complete a criminal background check on me and release the District and its employees from any and all liability or responsibility arising from furnishing such information. I understand that my status as a volunteer is contingent on a satisfactory outcome of this search. All information on this form is true and complete to the best of my knowledge. Any misrepresentation of factual information contained herein may be cause for removal.

Volunteer's Signature _____

For Office Use Only

APPROVED

NOT APPROVED

Administrator's signature _____

Date _____