

# Volunteer Mentor Application

Shawano School District  
218 County Road B  
Shawano, WI 54166  
715-526-3194

## 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	
Other names used (e.g. Maiden name):			Phone Number:		
			Email Address:		
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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Mentor Interest

School(s): (Circle choice(s))	Hillcrest/LEADS	Olga Brener	SCMS	SCHS									
Grade Level: (Circle choice(s))	KG	1	2	3	4	5	6	7	8	9	10	11	12
Subject Specific: Please indicate area of interest													

**REFERENCES & RELEASE OF INFORMATION FORM**

Shawano School District  
218 County Road B  
Shawano, WI 54166  
715-526-3194

**References**

Name (1)				Occupation			
Address: (Street)		(City)		(State)		(Zip)	
Home Phone				Business Phone			
Name (2)				Occupation			
Address: (Street)		(City)		(State)		(Zip)	
Home Phone				Business Phone			

**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 \_\_\_\_\_