

2017-2018
Watertown Unified School District

VOLUNTEER BACKGROUND CHECK APPLICATION

I am going to volunteer at these schools:

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Lebanon | <input type="checkbox"/> Head Start 4K |
| <input type="checkbox"/> Schurz | <input type="checkbox"/> Riverside Middle School | <input type="checkbox"/> St. Bernard's 4K |
| <input type="checkbox"/> Webster | <input type="checkbox"/> High School / Disc. Academy | <input type="checkbox"/> Great Expectations 4K |
| <input type="checkbox"/> Lincoln | <input type="checkbox"/> Mary Linsmeier 4K | |
| | <input type="checkbox"/> Gingerbread 4K | |

The safety of our students is of utmost importance to our school district. It is the policy of the Board of Education of the Watertown Unified School District to conduct criminal background checks of all individuals seeking to serve as volunteers that would to work with students, work in classrooms, or participates on field trips. The information requested below will be used to conduct a background check through the Wisconsin Department of Criminal Justice.

Volunteer's Full Name: _____
Last First Middle Maiden

Address: _____
Street City State Zip

Telephone Numbers: Home: _____ Cell: _____

Social Security Number: _____ Date of Birth: _____

Teacher: _____

If going on field trip, please list name of trip and date: _____

STUDENT TEACHERS: List teacher and building: _____

Please list any criminal convictions (other than misdemeanor traffic) since you turned 18 years of age. Please provide the specific crime convicted of, date, and any additional information you may want to share regarding any such conviction. Please also indicate if you have any pending arrests including the citation issued and date (use back of form if additional space is required):

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 subsequent dismissal as a volunteer. I hereby authorize the School District to conduct a background investigation and authorize release of information in connection with my volunteer work in the District. This investigation may include such information as criminal convictions, driving records, previous employers and educational institutions, personal references, profession references, and other appropriate sources. I waive my right of access to any such information. I voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless such agency, its officers and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney fees, present and future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release.

Note: The background check will include any and all arrests/convictions since the applicant first became an adult (age 18). The District retains full right to approve or disapprove any requests for individuals to volunteer within the school district.

APPLICATIONS MUST BE COMPLETED AT LEAST ONE WEEK PRIOR TO VOLUNTEERING!

Date: _____ Signature of Volunteer: _____

For District Use Only:

Notes: _____

Background Check Completed on _____

Approved to Volunteer

Denied to Volunteer