



School District of Marshfield VOLUNTEER APPLICATION

(Please **print** legibly and complete the entire form)

Background check date: _____

Accepted _____ Rejected _____

- Restrictions: No Field Trips Within line of Sight
 No Driving No handling of money
 No Overnight trips

For your safety, and that of our students, a **BACKGROUND CHECK** will be completed on all volunteers by the School District of Marshfield or its agencies. Approved volunteers will need to be reapproved on an annual basis to participate on field trips and every 3 years for in-classroom supervised activities. Applications must be submitted to the District at least 2 weeks prior to the volunteer opportunity. **PLEASE ATTACH A COPY OF YOUR LEGAL/GOVERNMENT ISSUED PHOTO ID.**

***Required fields. The application cannot be processed without completion of these fields.**

VOLUNTEER INFORMATION

*Legal Name as it appears on your photo ID (last, first, middle):		*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	*Birth date: / /	*Social Security no.:	
Other names used:	*Home phone no.: ()	Alternate phone no.: ()		Email:	
*Current Street address:	*City/State:	*ZIP Code:	From Mo/Yr	To Mo/Yr	
*Have you resided outside of WI since the age of 18?			Please list those states:		
School(s) where you will be volunteering:					
Student(s) Name:					
Relation to student(s):					

EMERGENCY CONTACT INFORMATION

Name:	Phone no.:
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The School District of Marshfield has a responsibility to its students, staff, and visitors. In this regard, all individuals desiring volunteer assignments in our facilities are required to complete a criminal history document. The School District of Marshfield reserves the right to refuse volunteer assignments to individuals convicted of offenses pursuant to Wisconsin state law. In the space provided below please list all charges of criminal offense, whether adjudicated guilty or not, and whether the offense occurred in Wisconsin or in another state. Include all convictions of criminal traffic offenses, such as DUI, driving with a suspended license, and careless or reckless driving. Also include any sealed or expunged convictions and any convictions or confirmations of child abuse. In completing this public document, please understand the School District of Marshfield's sincere concern, for the safety of students, staff, and visitors.

*Have you ever been CONVICTED, as defined above, pled no contest, or had adjudication withheld in a criminal offense, felony, or misdemeanor OR are there any criminal charges now pending against you other than minor traffic violations?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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***If yes**, please show date of convictions, the town, city, state where it occurred, the arresting agency, the specific offense, and the disposition of the case (paid fine, guilty, nolo contendere, adjudication, PTI/PTD, etc.)

DATE OF CONVICTION	LOCATION/ARRESTING AGENCY	SPECIFIC OFFENSE	DISPOSITION

By signing below, I agree:

- To the rules and responsibilities of the volunteer assignment and that any product produced while a volunteer shall be the property of the school board. I understand that all involvement with students shall be under staff supervision and is restricted to the school day, on the school grounds, or a school-sponsored activity.
- My signature below certifies that I have reviewed the criminal statement and responded truthfully. **FALSIFICATION OR OMISSION ON AN OFFICIAL PUBLIC DOCUMENT IS A CRIMINAL OFFENSE AND CAN BE PROSECUTED, AND MAY CONSTITUTE GROUNDS FOR DISQUALIFICATION FROM BEING A VOLUNTEER.**
- I authorize the School District of Marshfield and their agents to conduct a comprehensive review of my background through a consumer report. I understand the scope of the consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records. I release all persons or corporations furnishing such information from liability and responsibility.
- I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right under the FCRA will be provided to me.
- I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.
- I agree to maintain **CONFIDENTIALITY** of student's information.

*Volunteer signature

*Date