

School District of Thorp

VOLUNTEER BACKGROUND CHECK INFORMATION SHEET

Name: _____ Address: _____

Phone: _____

Emergency Contact:

Name: _____ Phone: _____

Do you have any medical concerns that you feel we should be aware of?

Yes___ No___ If yes, please explain below

As a volunteer working in the School District of Thorp, I fully understand that this position is, as stated, on a volunteer basis which inherent in meaning, entitles me to no pay or wage for my services. I further understand that I am expected to follow the rules of behavior that are expected of other staff which are hired by the district. I will be accountable to the building administrator, athletic director and the Thorp School Board. I do understand that this agreement can be terminated without notice at any time by either the school district or the volunteer.

To ensure the safety of both the volunteer and student, I authorize the district to make a confidential background check, and I will provide the necessary information to do so (on the other side of this document)

I have read and understand this agreement. The undersigned certifies that the information provided is accurate.

Signed _____

Date _____

COMPLETE ALL PAGES OF THIS FORM

CRIMINAL BACKGROUND CHECK INFORMATION

If you are volunteering in our schools, a criminal background check will be required.

Have you ever been convicted of a crime? Yes___ No___

If yes, please describe the specific conviction circumstances, including dates and charges:

In order to complete a criminal background check in the State of Wisconsin we need to know your date of birth and social security number.

Applicant Name _____
Last Name First Name Middle Name

Previous Name _____
Last Name First Name Middle Name

Date of Birth _____ Social Security # _____

I certify that the answers given by me in this form are true and correct without omission of any kind. I agree that the district shall not be held liable in any respect if my approval is terminated because of false statements, answers or omissions made by me in the form. I authorize the school district to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation or governmental agency to disclose to the school district any information they may have regarding me. In consideration of the school district's review of this application, I hereby release the district as well as all providers of information from any liability and for any damage that may result from the furnishing and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.

Signed _____ Date _____

The School District of Thorp is an equal opportunity employer and is committed to a policy of nondiscrimination in relation to race, religion, sex or sexual orientation, age, national origin, handicap, marital status, political affiliation, arrest or conviction record, or other factors provided by state and federal laws.

OFFICE USE

Volunteering For: _____ Date received: _____

Received By: _____

Background Check Completed on the _____ day of _____, 20____

Volunteer Approved _____ Volunteer Denied _____ Administrator _____