

## Application for Volunteering

Volunteers must submit this form to be considered for a volunteer position. This application form must be approved by the Principal prior to commencing volunteer services.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date: \_\_\_\_\_

**Have you ever pleaded guilty to or been convicted of a misdemeanor or felony? Yes \_\_\_ No \_\_\_**  
If yes, please provide further information as to the date, location of court, nature of the offense, and so forth. (The Clinton Community School District will consider your record only if it may substantially relate to the job for which you are applying.)

**Tell us about any previous volunteer experiences:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check your areas of interest for volunteering:**

- Classroom Parent
- Field Trip Chaperone
  - Specific Trip (but not limited to)* \_\_\_\_\_
- Volunteer Coach
- Other \_\_\_\_\_

I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or my immediate dismissal.

I hereby give permission to the District to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand and agree that I may cease volunteering at any time, for any reason, and that the District may end my volunteering at any time for any reason.

I certify that I have read (or have had read to me) and understand this authorization, release and certification.

**Volunteer Signature & Date:** \_\_\_\_\_

**Principal Approval Signature & Date:** \_\_\_\_\_

The Clinton Community School District Board of Education does not discriminate on the basis of the Protected Classes of race, color, national origin, age, sex, creed or religion, genetic information, handicap or disability, marital status, citizenship status, veteran status, military service, (as defined in 111.32, Wis. Stats.), sexual orientation, national origin, ancestry, arrest record, conviction record, use or nonuse of lawful products off the District's premises during non-working hours, or declining to attend an employer-sponsored meeting or to participate in any communication with the employer about religious matters or political matters, or any other characteristic protected by law in its employment practices or on the basis of transgender status, change of sex or gender identity.

**Statement of Confidentiality**

As a volunteer in the Clinton Community School District, I understand that I may be privileged to confidential information. I agree to keep all information pertaining to students and staff confidential from outside sources.

Information deemed confidential includes, but is not limited to:

- Information that could hurt someone else
- A student's progress
- A student's test information
- A student's home life
- Information about teachers/staff/administration
- Teachers' instructional techniques and strategies
- School records
- Behavior/discipline
- Telephone numbers
- Medication taken by a student

I understand that I am obligated to report to the School Principal any information that may affect the welfare and safety of a student.

I will keep confidential all information that I am privileged to as a volunteer in the school.

By signing this agreement, I am stating that I will not divulge information about any student or family to any person outside of the school setting.

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Name of Volunteer (please print)

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Volunteer Signature

Date

Background check completed by: \_\_\_\_\_ Revised 10/30/2018

**BACKGROUND INFORMATION DISCLOSURE (BID)**

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. Failure to comply may result in a denial or revocation of your license, certification, or registration, or denial or termination of your employment or contract.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- **PRINT OR TYPE YOUR ANSWERS.**

**Check the box that applies to you.**

- Employee / Contractor (including new applicant)                       Household member (lives on premises, but is not a client)
- Applicant for a license, certification, or registration  
 (including continuation or renewal)                       Other – Specify: \_\_\_\_\_

**NOTE:** If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – <i>First</i>	Middle	Last
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Position Title (Complete only if a prospective or current employee or contractor.)	Birth Date (MM/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Any Other Names By Which You Have Been Known (Including Maiden Name)

Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown	Social Security Number
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Home Address	City	State	Zip Code
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Business Name and Address – Employer or Care Provider (Entity)

**A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.**

**SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION**

1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?  
 If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.  
 You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.

Yes    No  
   

2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?  
 If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located.  
 You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

Yes    No

3. **IMPORTANT: Read before completing item 3.**

**Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY.** "All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential." Reports and records may be disclosed only to the persons identified in this section.

**If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.**

Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?

Yes No

If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.

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4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?

Yes No

If Yes, explain, including when and where it happened.

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5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?

Yes No

If Yes, explain, including when and where it happened.

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6. Has any government or regulatory agency (other than the police) ever found that you **abused an elderly person**?

Yes No

If Yes, explain, including when and where it happened.

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7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?

Yes No

If Yes, explain, including credential name, limitations or restrictions, and time period.

**SECTION B – OTHER REQUIRED INFORMATION**

1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? Yes No  
   
 If Yes, explain, including when and where it happened.

2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? Yes No  
   
 If Yes, explain, including when and where it happened and the reason.

3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? Yes No  
 If Yes, indicate the year of discharge: \_\_\_\_\_    
 Attach a copy of your DD214, if you were discharged within the last three (3) years.

4. Have you resided outside of Wisconsin in the last three (3) years? Yes No  
   
 If Yes, list each state and the dates you resided there.

5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years? Yes No  
   
 If Yes, list each state and the dates you resided there.

6. Have you had a caregiver background check done within the last four (4) years? Yes No  
   
 If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.

7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe?

Yes      No

    

If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision.

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***Read and initial the following statement.***

\_\_\_\_\_ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name – Person Completing This Form

Date Submitted