



## 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:**

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**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:** \_\_\_\_\_

**DISTRICT OFFICE**  
112 Milwaukee Road  
P.O. Box 566  
Clinton, WI 53525  
608.676.5482

**ELEMENTARY SCHOOL**  
301 East Street  
P.O. Box 70  
Clinton, WI 53525  
608.676.2211

**MIDDLE SCHOOL**  
115 Milwaukee Road  
P.O. Box 559  
Clinton, WI 53525  
608.676.2275

**HIGH SCHOOL**  
112 Milwaukee Road  
P.O. Box 566  
Clinton, WI 53525  
608.676.2223



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.

\_\_\_\_\_  
Name of Volunteer (please print)

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Background check completed by: \_\_\_\_\_

Revised 10/30/2018

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