**Phone - 715-754-4501**

**Fax - 715-754-4508**



1001 North Main Street

Marion WI 54950

**Marion School District Volunteer Application and Disclosure Form**

Please complete the **Volunteer Application and Disclosure Form** and return the District Office

1001 North Main Street Marion WI 54950. No one may engage in Marion School District volunteer work until the Marion School District has approved his/her application and completed a background check.

**PLEASE PRINT CLEARLY**

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Personal Information**

Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

List all names you have ever had or have used (including maiden name).

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

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street City State Zip

Number of years at this address \_\_\_\_\_\_\_\_\_\_\_ Number of years of living Wisconsin \_\_\_\_\_\_\_\_\_\_\_

If you lived in Wisconsin for less than five (5) years, which state did you last reside in and for how long?

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

**I wish to volunteer for**  **Elementary** ** Jr. High**  High School

Volunteer for the following Teacher(s) full names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Information (Please complete below)

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous volunteer or other experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate your volunteer preference (ex. Grade level, location, classroom, activity, sport, special area) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day(s) of week and time available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

** Yes ** No Have you ever been convicted of, or do you have any charges pending, or are you under investigation for any felony, misdemeanor, or ordinance, statute violation? **If yes**, Please include date, location, nature and circumstances of offense(s). **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Volunteer Statement**

I am applying to be a volunteer as part of the Marion School District’s Volunteer Program. As a volunteer, I understand I will not receive pay for this duty. In addition, I understand that no employer/employee relationship will exist. In order to ensure safety in our school and for the protection of the students of the Marion School District, I authorize the Marion School District to conduct a background check. The Marion School District reserves the right to conduct additional background checks if deemed appropriate. Except as may be required by law, the Marion School District will maintain the confidentiality of information obtained through background checks. The District will conduct a criminal background check on all volunteers who will be working directly with students and/or have consistent access to students or student records. I hereby release the Marion School District and its Board and its agents, as well as all providers’ of information from any liability related to furnishing, receiving, or using information related to arrests and convictions. I understand that any misrepresentation or omission on this statement may result in immediate disqualification for any volunteer service within the District. I understand that the Marion School District will verify the information I have provided on this form. I understand that the Marion School District reserves the right to deny my application to serve as a volunteer.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name (Print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Status as determined by Marion School District Office:**

1. Background check completed \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Background check status:  Approved without supervision of staff

  Approved with supervision of staff

  Not approved