

VOLUNTEER AGREEMENT

Name _____
Last First Middle

Address _____
Street City State Zip

Phone _____ E-mail _____

BACKGROUND CHECK AGREEMENT

It is the policy of the Elcho School District to require all unsupervised volunteers to complete this Disclosure Statement. Subsequently, the Elcho School District will complete a criminal record check for conviction(s) and pending charges through the Wisconsin Department of Justice.

Social Security Number: _____ Number of years at the above address: _____

Date of Birth: ____/____/____ Driver's License Number: _____

Have you ever been convicted of or do you have any charges pending for felonies, misdemeanors and/or ordinance violations? _____ YES _____ NO

If yes, please fill in the information below and include date, location and nature and circumstances of offense.

I authorize the Elcho School District to review my personal background. I consent to having the Elcho School District conduct a full and complete criminal background check. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service within the Elcho School District. I understand that the Elcho School District will verify the information I have provided above. I hereby release the District, its Board and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions.

Signature

Date

I have read, understand, and accept the policies written in the Volunteer Handbook.

Signed _____ Date _____