

**School District of Fort Atkinson
Volunteer Disclosure and Release Form**

The School District of Fort Atkinson (the District) greatly appreciates and welcomes volunteers. In an effort to be proactive and raise safety standards, it is the policy of the District to require all prospective volunteers to complete and sign-off on this form. The District will complete a criminal record check for convictions and pending charges through the WI Department of Justice Crime Information Bureau (CIB). Please be assured that this background check will be conducted in a confidential manner.

Please print clearly and return to the school office as soon as possible.

Legal Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone Number: _____ Number of years at this address: _____

Social Security Number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

Have you had a background check by the District in the past year? Yes No School: _____

List any other names you have had or used: _____

Emergency contact name and phone number: _____

Name of Student(s) in the District: _____

Event Volunteering for: _____ Date of Event: _____ School: _____

Have you ever, in your lifetime, been convicted of, or do you have any charges pending for, felonies, misdemeanors and/or ordinance violations other than minor traffic violations? (This includes any court addressed charges for battery, disorderly conduct, worthless checks, etc. including any that may have been "expunged" or dismissed). YES NO

If yes, please explain (include date, location, nature, and circumstances of offense). A record of arrest or conviction may not exclude you from volunteering in our school district, but a failure to disclose or any misrepresentation in this statement will exclude you.

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

All communications and personal and/or educational information regarding district employees, families, parents, staff, or students must be regarded as confidential. This includes a student's academic, attendance, disciplinary, health and medical records, contact information and all other student information. Any information about District employees, families, parents, staff, or students acquired while volunteering must NEVER be communicated beyond the scope of District personnel who require such information to work with the student. I agree to abide by all district policies and procedures and act at the direction of district staff. Any violation of this confidentiality policy shall be considered a gross violation of District policy and may lead to immediate exclusion from volunteering with the District.

I have read and understand the above information.

Signature

Date

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Office Use

Background Check Ordered: _____

Background Check Completed: _____

Building Administrator Action: ☐ Approved ☐ Not Approved

Building Administrator's Signature

Date



One Team, One District, One Community
Fort Atkinson High School | Fort Atkinson Middle School
Barrie Elementary | Luther Elementary | Purdy Elementary | Rockwell Elementary



The School District of Fort Atkinson Board does not discriminate on the basis of race, color, religion, national origin, ancestry, creed, pregnancy, marital status, parental status, sexual orientation, sex (including transgender status, change of sex or gender identity), or physical, mental, emotional, or learning disability ("Protected Classes") in any of its student programs and activities.