



Little Chute Area School District

325 Meulemans St. Little Chute, WI 54140

920-788-7605(P)

Volunteer Application Form

The responsibility the Little Chute Area District has to its school children, program participants and community necessitates the following information from all applicants regarding arrest and conviction records. A record of arrest or conviction does not automatically prohibit volunteer service. The information on this form will be kept confidential. It is the policy of the Little Chute Area District to require all volunteers and Little Chute Area School District prospective volunteers to complete this Disclosure Statement. Subsequently, the School District may complete a background check through the Wisconsin Department of Justice.

PLEASE PRINT CLEARLY

NAME: _____
Last First Middle

*List all names you have ever had or have used _____

ADDRESS: _____
Street City State Zip

NUMBER OF YEARS AT THIS ADDRESS: _____ DATE OF BIRTH: ____/____/____ GENDER _____

Yes No Have you held a Wisconsin Driver's License?

Yes No Do you have students in the Little Chute Area School District? If so, where? _____

Yes No Have you ever been convicted of, or do you have any charges pending or under investigation, for felonies or misdemeanors? IF YES, please fill in the information below and include date, location, nature and circumstances of offense. _____

Yes No I have completed the Little Chute Area School District Volunteer Application within the **past year**:

- Select either # 1 **OR** # 2
- 1. I have **NOT** been either arrested or have charges pending/under investigation for any felonies or misdemeanors since the time of my last application.
 - 2. I **HAVE** been either arrested or have charges pending/under investigation a felony or misdemeanor in the past year. Please explain: _____

I authorize the Little Chute Area Public School District and the Police Department to review my personal background. I consent to having Little Chute Area 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 Little Chute Area District. I understand that the Little Chute Area District will verify the information I have provided above. I understand that the District reserves the right to deny my application to serve as a volunteer. 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

Please return this form to your student's school

OFFICE USE:

Background Check Ordered: _____
Approved: _____
Signature: _____
Referred To: _____
Applicant Notified Via: _____

Received: _____
Not Approved: _____
Date: _____
Date: _____
Date: _____



Little Chute Area School District

EXHIBIT - Policy 353.1 School Volunteers

VOLUNTEER CONFIDENTIALITY POLICY

Confidentiality is a strong consideration in volunteering with the Little Chute Area School District. Confidentiality is also a major consideration when individual buildings and classrooms are in need of volunteers.

Communication of personal and educational information regarding students, parents, staff or associate must be regarded as confidential. Student's academic and medical records, telephone contacts and information about students, families, employees of the district acquired through volunteering must NEVER be communicated beyond the scope of professional and paraprofessional personnel who require such information to work with the student. Questions regarding the practice, policies, types of cases and/or internal problems should be directed to the administrator.

This policy concerning confidentiality shall emphasize that any infringement will be considered a gross violation of rules and may lead to immediate discontinuing of volunteer relationship with the Little Chute Area School District.

I have read and understand the above.

SIGNATURE

DATE

NAME (PRINT)

FIELD TRIP DATE (IF APPLICABLE)

EMAIL

PHONE NUMBER

STUDENT NAMES / GRADES (IF APPLICABLE):

