

DO YOU CURRENTLY HAVE STUDENTS IN THE LCASD? IF YES, PLEASE LIST WITH NAMES/GRADES:

PLEASE LIST THE REASON FOR WHICH YOU ARE COMPLETEING THE VOLUNTEER APPLICATION:

IF YOU ARE AWARE, PLEASE LIST THE SPECIFIC DATES/TIMES/ DURATION YOU WILL BE VOLUNTEERING:

IF THERE IS AN LCASD STAFF MEMBER YOU'VE BEEN IN CONTACT WITH, PLEASE LIST:

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



**Little Chute Area School District
VOLUNTEER CONFIDENTIALITY POLICY**

1402 Freedom Road Little Chute, WI 54140 (920)-788-7605

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)

EMAIL

PHONE NUMBER

PLEASE RETURN THIS FORM TO YOUR STUDENT’S SCHOOL

FOR OFFICE USE ONLY:

Background Check Ordered: _____ Received: _____

Approved: _____ Not Approved: _____

Signature: _____ Date: _____

Referred To: _____ Date: _____

Applicant Notified Via: _____ Date: _____

EXHIBIT - Policy 353.1 School Volunteers