



# 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: \_\_\_\_\_

Received: \_\_\_\_\_

Approved: \_\_\_\_\_

Not Approved: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Referred To: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Notified Via: \_\_\_\_\_

Date: \_\_\_\_\_