PEPIN
AREA SCHOOLS

Pepin Area Schools
510 Pine Street
Pepin, WI 54759
Phone: (715) 442-2391

VOLUNTEER APPLICATION AND CONSENT FORM

This form must be dropped off in person at the school office. There is an additional disclosure and authorization form that requires the signature of the person submitting this application.

Part 1

See *back for Part 2*.

It is the policy of the Pepin Area Schools Board of Education to conduct criminal background checks of all individuals seeking to serve as volunteers within the Pepin Area Schools. The information provided below will only be used to conduct such a background check. Volunteers must reapply on a yearly basis.

*Please **clearly** print your information.*

Name _____ _____ _____
(Last) (First) (Middle)

Address_____ **City** _____**State** _____**Zip** _____

Home Phone _____ **Cell Phone** _____

Email Address_____

Date of Birth_____ ☐ **Male** ☐ **Female**

Social Security Number _____
This information is required. Pepin Area Schools keeps this information confidential. You may submit this form in a sealed envelope.

Maiden/Other Names _____

In what area are you hoping to volunteer?_____

I understand and agree that:

- Pepin Area Schools will conduct a criminal background investigation, including review of the Sex Offender Registry.
- All information provided above is true and correct to the best of my knowledge. I understand that omissions or misrepresentations may be cause for rejection or may be cause for subsequent dismissal as a volunteer.
- I voluntarily and knowingly authorize any government agency, its officers, employees, and agents to release any and all information regarding my criminal history to Pepin Area Schools, its officers, employees, and agents.
- I voluntarily and knowingly fully release and discharge, absolve, indemnity, and hold harmless such agency and Pepin Area Schools or its representative from any and all claims, liability, demands, causes of action, damages, or costs, including attorney fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release.
- This is a volunteer position that entitles me to no pay or wages from Pepin Area Schools for my services. I understand that this volunteer agreement can be ended without notice at any time by either the school district or by me.
- I will abide by all Pepin Area Schools Board of Education's policies and follow any directions given to me by Administration.

Please check any and all schools where you would like to volunteer:

☐ Pepin Elementary School ☐ Pepin Middle School ☐ Pepin High School

Signature_____ **Date** _____

Part 2 ***Over for Confidentiality Statement***

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CONFIDENTIALITY STATEMENT

Part 2

Volunteers are often in the school building and in the classroom where it is inevitable that they observe students' performance or obtain information about students.

Pepin Area Schools require all volunteers to treat all observations or information about students obtained as a result of volunteer efforts as confidential. Observations or information so obtained should not be shared with others.

Under no circumstances should information including the names of students and/or photos of students be exchanged electronically or posted on non-district-approved websites, including social networks like, but not limited to, Facebook. By volunteering, you are indicating a willingness to respect the privacy of the students you observe.

Unless directly related to a student, volunteers are not permitted to have direct contact with any student(s) in their capacity as a school-approved volunteer outside of school. If a volunteer needs to contact any student outside of their school volunteer time, the contact should be made by the staff member directly working with the volunteer.

We also require that volunteers respect the privacy of staff if information of a personal or professional nature is overheard or observed at school.

If you have any questions about this policy, please contact the school principal.

I have read this Confidentiality Statement. My signature below indicates my willingness to abide by it, and I understand that a failure to abide by this Confidentiality Statement would be grounds for my termination as an approved volunteer.

Print Name _____

Signature _____ **Date** ____/_____/_____

Please allow one week for any background check to be completed. Volunteers are not cleared to begin working with students in any capacity until they are notified by the administration.

THANK YOU FOR VOLUNTEERING WITH THE PEPIN AREA SCHOOL DISTRICT!

For office use only: Date Checked: _____ Initials: _____ Approved: ■ Yes ■ No