## Wittenberg-Birnamwood Public School District

400 West Grand Avenue

Wittenberg, WI 54499

715-253-2213(P)

## **Volunteer Application Form**

The responsibility the Wittenberg-Birnamwood 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 Wittenberg-Birnamwood District to require all volunteers and 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: _				_ SOC. SEC. #:		
	Last	First	Middle			
*List all nar	nes you have eve	er 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 Wiscons	in Driver's License?			
☐ Yes	☐ Yes ☐ No ☐ Do you have students in the Wittenberg-Birnamwood District? If so, where?					
☐ Yes	☐ Yes ☐ No Have you ever been convicted of, or do you have any charges pending or under investigation, for feld 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 Wittenberg-Birnamwood District Volunteer Application within the <u>past year</u> :				
s	elect either		ther arrested or have charges e the time of my last applicatio	•	stigation for any felonies or	
#	#1 <u>OR</u> #2		arrested or have charges pen ease explain:		ation a felony or misdemeanor	
the Wittenbe statement m Birnamwood volunteer. I h	erg-Birnamwood Pu ay result in immedi District will verify t	iblic School District conduct a ful late disqualification for any volun he information I have provided a District, its board and its agents,	nd the Shawano County Police Depal I and complete criminal background of teer service within the Wittenberg-Bi bove. I understand that the District re as well as all providers of informatio	check. I understand that rnamwood District. I un- eserves the right to deny	derstand that the Wittenberg- my application to serve as a	
SIGNATURE			CURRENT PHONE NUMBER	DATE		
	<u>Please retui</u>		ool or to the Wittenberg-Birnamwood est Grand Avenue, Wittenberg, WI		rski, Superintendent	
DISTRICT C	FFICE USE:					
Background	Check Ordered			Received:		
ū				Received: Not Approved:		
-				Date:		
Referred To:	·	· · · · · · · · · · · · · · · · · · ·		Date:		
Applicant Notified Via:				Date:		

## Wittenberg-Birnamwood Public School District

## **VOLUNTEER CONFIDENTIALITY POLICY**

Confidentiality is strong consideration in volunteering with the Wittenberg-Birnamwood Public 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 Wittenberg-Birnamwood Public School District.

I have read and understand the above.	
SIGNATURE	DATE