

VOLUNTEER APPLICATION

HUSTISFORD SCHOOL DISTRICT

To be completed by all volunteers who work with students.

Date _____

Last Name _____ First Name _____ MI _____

Street Address _____

City: _____ State: _____ ZIP _____

Home/Cell Phone _____

Work Phone _____

I am available Sept Oct Nov Dec Jan Feb Mar Apr May

I am requesting to volunteer for: John Hustis Elementary Hustisford Jr./Sr. High School
 Coaching (Specify: _____)
*All volunteer coaches must be recommended by the head coach and approved by the school board)

Have you ever been convicted of a felony? Yes No

*All volunteers must complete a Volunteering Background Check form.

For John Hustis and Jr./Sr. High School Volunteers:

I am available on Monday Tuesday Wednesday Thursday Friday

Times (From/To) ____/____ ____/____ ____/____ ____/____ ____/____

Any volunteer activity is subject to approval and appropriate supervision. Building principals make the decision regarding which volunteering activities are appropriate within their schools. The needs of the students and school, along with the need to minimize distractions to the learning environment, will be taken into consideration.

The following list includes some appropriate volunteer activities:

Library assistant
Sorting mail and stuffing envelopes/folders
Filing non-confidential paperwork
Preparing athletic programs
Preparing school activity programs
Assisting with classroom supervision
Lunchroom supervision
Preparing facilities for activities or presentations
Assisting with supervision of large group activities

Assisting with supervision of off campus school activities
Assisting with maintenance of district physical facilities
Recess supervision
Assist with computer lab supervision
Supervision of hallways
Supervision of area outside of bathrooms
Assisting with milk distribution and pick up
Working with small groups
Preparation of bulletin boards

**Employment/Volunteering Background Check
HUSTISFORD SCHOOL DISTRICT**

The following information will be used only to complete the background check. This information will not be used for hiring purposes.

Name: _____
Last First Middle

Date of birth: _____
Month Day Year

Social Security Number: _____ (Provide Copy) or
Verification Building Principal _____ Date: _____

Driver's License # (Provide Copy) _____ State Issued _____

Maiden name (if applicable): _____

Other former name(s): _____

Please return to:
Hustisford School District
845 S. Lake St., P.O. Box 326
Hustisford, WI 53034

As part of the application process, the Hustisford School District will conduct a criminal information records check through the Wisconsin Department of Justice and other appropriate agencies.

Have you ever been convicted of an ordinance violation (other than minor traffic violations), misdemeanor, or felony?
_____ Yes _____ No

If yes, please attach a confidential letter explaining the offense(s) including date, location of court, etc.

Is there additional information regarding your name which is necessary for us to conduct a record check (i.e., alias or previous name)? _____

Please read the following statements carefully before you sign your name.

Non-Discrimination Statement

Non-Discrimination: The Hustisford School District does not discriminate on the basis of age, race, color, national origin, ancestry, religion, creed, pregnancy, marital or parental status, gender, sexual orientation (including transgender status, change of sex or gender identity), homelessness status, physical, emotional, or learning disability/handicap, in its curricular, career and technical education programs, co-curricular programs, student services, recreational or other programs and activities, or in admissions or access to programs or activities offered by the school district.

All career and technical education opportunities are offered on a nondiscriminatory basis and are open to all students in the Hustisford School District. These programs include offerings in business education, technical education, and family and consumer education.

The Hustisford School District will make reasonable accommodation of a student's sincerely held religious beliefs with regard to academic requirements. The Superintendent of Schools may be contacted regarding non-discrimination issues. He/she can be reached at: Superintendent of Schools, Hustisford School District, 845 South Lake Street, Hustisford, WI 53034 (920-349-8109). (School Board Policies - 1422, 2260, 3122, & 4122)

RELEASE

I HEREBY CERTIFY that the answers given to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, schools, law enforcement agencies and other sources of information which may be relevant to my application for volunteering. In consideration of the Hustisford School District's review of this application, I release from all liability and/or legal claims the Hustisford School District and every person seeking or providing information, whether it is oral or written. A photocopy and/or electronic version of this release shall be as valid as the original and may be relied upon by all persons providing information. It is understood and agreed that any misrepresentation, false statement, or omissions by me on this application will be sufficient reason for rejection of my application or for dismissal at any time during my volunteering without liability to the Hustisford School District. I have read, understand, and agree to the above statements. (Sign below).

Applicant Signature
10/2015

Date