

VOLUNTEER BACKGROUND CHECK AUTHORIZATION

School(s) at which you are volunteering: (circle all that apply): **Elementary** **Middle/High School**

In order to provide a safe and healthy environment for school sponsored activities, it is district practice to require a background check and to check references for anyone who may be in direct contact with our students. In doing so, we may review relevant public documents regarding criminal activity. For this reason, please provide the information below as requested. (Note: Current Iola-Scandinavia School District employees are not subject to an additional background check in order to volunteer within the School District.)

Full Legal Name (required) (including middle name) _____

Date of Birth (mm/dd/yyyy): ____/____/____

Complete this section only if you have ever lived in state(s) other than Wisconsin.

If yes, please list state(s), approximate time frame/year(s) you lived in each state, and full legal name while residing in each state.

State _____ Year _____ Legal Name: _____

State _____ Year _____ Legal Name: _____

Please list two references from non-relatives:

Name: _____ Daytime Phone: _____

Name: _____ Daytime Phone: _____

I authorize the School District of Iola-Scandinavia to process my application for volunteer service by reviewing my background. This may include checking references and reviewing relevant public documents regarding criminal activity. I hereby release the School District of Iola-Scandinavia, its employees, representatives, and such individuals, or organizations from all liability or claims for any damage whatsoever incurred obtaining for furnishing such information.

Signed: _____ Date: ____/____/____

For Internal Use Only – Print and attach background check results prior to forwarding to administration.

Date of Request : ____/____/____ CIB Search Requested by: _____

† Approved - No Criminal History † Referred to Building Administrator for Review of CIB Record

Review of CIB Record:

† Approved by Building Administrator: ____/____/____

† Background Check and Application Sent to District Administrator: ____/____/____

† Approved † Denied - by District Administrator: ____/____/____

Volunteer Preferences – Tell us about what you’d be willing to do!

Building Choice

In which building or buildings might you be willing to volunteer?

____ Elementary School ____ High/Middle School

Volunteer Capacity Choice

In what capacity might you be willing to volunteer?

- ____ Supervise playground
- ____ Read with students
- ____ Practice math facts with students
- ____ Write with students
- ____ Help keep students focused (one-on-one)
- ____ Field trip volunteer
- ____ LMC/Library volunteer
- ____ Help keep students focused (one-on-one)
- ____ Project backpack volunteer
- ____ Office volunteer (make copies, cut out supplies, etc.)
- ____ Speak about an interest/profession/specialty

What is your interest/profession/specialty?

- ____ Another capacity we have not thought of?

List it here! _____