



School District of Milton
Opportunity · Achievement
Community

VOLUNTEER FORM

The School District of Milton welcomes and appreciates all of the help and support of our many volunteers who assist our students and staff. In an ongoing effort to ensure the safety of our students, staff, and visitors; the School District of Milton requires all volunteers to complete a volunteer form. The district will run a criminal record check for conviction(s) and pending changes through the Wisconsin Department of Justice Online Record Check System and National Sex Offender Registry.

Please **PRINT CLEARLY** and return to a school building office or the District Office. Be sure to complete **BOTH SIDES** of this form.

LEGAL Name: _____
(Last, First, Middle – Full LEGAL Name)

_____ Date of Birth: ____ - ____ - ____ Gender: _____
Other names you have used (Maiden, Aliases, etc.) MM DD YYYY M or F

Street Address: _____ City, State, Zip _____

Phone Number: _____ Email: _____

Activities/Employee(s) you would like to volunteer for: _____

Name of child in the district, school & grade: 1. _____

Name of child in the district, school & grade: 2. _____

Name of child in the district, school & grade: 3. _____

Are you a registered sex offender? YES NO

Have you ever, in your lifetime, been convicted of (or pled no contest to) or have any charges pending for felonies, misdemeanors, and/or ordinance violations other than minor traffic violations? (This includes any court addressed charges for battery, disorderly conduct, worthless checks, etc. **including those that may have been "expunged" or dismissed.**)

YES NO

If yes to either question above, please explain: (include date, location, nature, and circumstance of offense.) A record of arrest or conviction may not exclude you from volunteering in our school district, but a failure to disclose or a misrepresentation in this statement will exclude you.

Please complete the back of this form.



I, as a volunteer for the School District of Milton, fully understand that this position is strictly on a volunteer basis and therefore entitles me to no pay or wages from the School District of Milton. I further understand that I am to follow the rules of behavior that are expected of the School District of Milton staff and other rules as they pertain to my duties. I do understand that my service to the District and my presence in the District as a volunteer is at the pleasure and direction of the District. I understand that I am not an employee of the District and I am not eligible for any employment-related benefits, including, but not limited to, worker's compensation insurance. I understand that I must be familiar with and that I must comply with all Board Policies, while serving as a volunteer in the District.

Refer to: Board Policy – Volunteers – 8120

I authorize the School District of Milton to review my personal background at the District's expense. I consent to having the District conduct a full and complete criminal background check. I understand that any misrepresentation, or material omission of relevant facts on this form may result in immediate disqualification for any volunteer service within the School District of Milton. I understand that the School District of Milton will verify the information I have provided on this form. I hereby release the District, its Board and its agents, as well as providers of information from any liability related to or arising out of furnishing and receiving information related to my background.

Volunteer Confidentiality:

All personal and/or educational information regarding district employees, families, parents, staff, and/or students, which is revealed to a volunteer in the course of his/her service to the District must be regarded as confidential. This includes a student's academic, attendance, disciplinary, health, and medical records; contact information and telephone number; and all other student information. Any information about district employees, families, parents, staff, or students acquired while volunteering must NEVER be communicated beyond the scope of District personnel who require such information to work with the student. Any violation of this confidentiality shall be considered a gross violation of District rules and may lead to immediate exclusion from volunteering with the School District of Milton.

I have read and understand the above:

Signature: _____ Date: _____

DISTRICT OFFICE USE ONLY

District Signature of Approval: _____ Date: _____

This background report expires and is no longer valid after: _____
(MONTH / YEAR)

Requires Administrator Investigation? YES NO

District Administrator Action: Approved Not Approved Administrator Signature: _____

If approved, are there any restrictions? YES NO

Please explain: _____
