

FOND DU LAC SCHOOL DISTRICT

72 W Ninth Street, Fond du Lac, WI 54935

920-929-2900 • FDLsd.org

Form submitted at: _____

Volunteer Application Form

The responsibility the Fond du Lac School 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 Fond du Lac School District to require all volunteers and Fond du Lac prospective volunteers to complete this Disclosure Statement. Subsequently, the School District shall complete a background check.

PLEASE PRINT CLEARLY** Required Information*

*NAME: _____ *EMAIL: _____
Last First Middle

☐ NOTE: Approved volunteer applications are valid for 3 years. If you have filled out a Volunteer Application Form within the last 3 years, please check the box and stop here.

List all names you have ever had or have used _____

*PHONE NUMBER: _____ Circle phone type: Cellphone Home Work

*BIRTH DATE: _____

Yes / No Do you have students in the Fond du Lac School District? If so, where? _____

Volunteer Confidentiality

Confidentiality is a strong consideration in volunteering with the Fond du Lac 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 associates 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 Fond du Lac School District.

I have read and understood the above. I authorize the Fond du Lac School District to review my personal background. I consent to having Fond du Lac School District conduct a full and complete criminal background check. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service within the Fond du Lac School District. I understand that the Fond du Lac School District will verify the information I have provided above. I understand that the District reserves the right to deny my application to serve as a volunteer. I hereby release the District, its board and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions.

If the applicant is under the age of 18, the background check will be conducted by the Fond du Lac Police Department.

SIGNATURE_____
DATE_____
SIGNATURE (Of parent if volunteer is under 18 years old)_____
DATE

Please return this form to your student's school or to the Fond du Lac School District, 72 West Ninth Street, Fond du Lac, WI 54935.

OFFICE USE ONLY:

Ordered Date: _____

Approved _____ Not Approved: _____

Applicant Notified Via: _____

Date: _____

Rev.9/25 ML