



Seymour Community School District

Commitment for All...Success for Each

A new background check should be completed every 3 years and only 1 per family needed

Volunteer & Chaperone Background Check Form

In Order to provide a safe and healthy environment for our students and community, please understand that we need to check public documents regarding criminal activity of any persons who are in contact with our students. For that reason please provide information as requested below.

Volunteer Personal Information (Please Print Clearly)

Legal Name (First, Middle Initial, Last):

Address (City, State, Zip Code):

Volunteer's Date of Birth:

Activities you plan to volunteer for: (Please Print Clearly)

Please check ALL the activities you are expecting to volunteer for:

_____ Chaperone _____ Classroom Volunteer

Emergency Contact Information: (Please Print Clearly)

Please list who we should contact in an emergency:

Name of Contact	Relationship:	Phone:	Address:
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Please list any medical information that may assist us in the event of an emergency:

Physician's name & number:	Allergies:	Current Medications:
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Criminal Background History (Please Print Clearly)

Have you ever been convicted of a violation of a law or ordinance other than a minor traffic violation?

YES NO (circle one)

If yes, please specify below:

Date:	Charge:	Place:	Action Taken:
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Please Read Carefully and Sign

I certify that the information in this application (and any accompanying documents) is true. I understand that falsification of any information in this application, discovered at any time before, during or after I begin my position is cause for disqualification for volunteer activities.

I hereby authorize the Seymour Community School District to verify, obtain copies of records and gather any information pertaining to my submitting a volunteer application with the Seymour Community School District. My signature on this application authorizes the Seymour Community School District to request written verification as needed. I understand that all volunteers must undergo a limited criminal background check through the Wisconsin State Police. I hereby authorize the procurement of this report. I release from liability any person giving or receiving such information now or in the future. I hereby release the Seymour Community School District and any of their agents from any and all liabilities arising out of any errors or omissions regarding my background information.

The receipt of this application does not imply that I will be offered a position as a volunteer. If accepted as a volunteer, I agree to comply with established rules, policies and procedures. This includes, but is not limited to, those which relate to confidentiality, employment and universal precautions.

I understand that my volunteer position with Seymour Community School District is at the discretion of Seymour Community School District administration; my volunteer position can be discontinued at any time at the discretion of Seymour Community School District administration or myself.

Please list children you are completing this form for:

Volunteer Signature:

Date:

As a Seymour Community School District *volunteer*, I agree that: I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning students, teachers, and staff; and not seek to obtain confidential information from a student. Unauthorized possession, use, copying or reading of school records; or the disclosure of information contained in such records to non-school personnel or unauthorized persons is not allowed. I have read the above policy and agree to be bound by it and understand that failure to comply with school policies, rules and regulations will result in termination from the volunteer program.

Volunteer Signature:

Date:

**Return to the school office you will be volunteering in.
Background checks must be conducted before you become a volunteer.
This process may take time so allow two weeks before you volunteer.**

INTERNAL USE ONLY

Criminal History Completed: YES NO

Approved to Volunteer YES NO

Approved by:

Date: