

PROGRAM NAME: _____ **DATE:** _____



Volunteer Confidential Background Check Consent Form

The West Allis - West Milwaukee School District conducts criminal background checks of all individuals seeking to serve as volunteers who will work one on one, alone with students in our school or who accompany students on overnight activities or who, in the discretion of the Superintendent or his/her designee, supervise students in an activity with limited oversight by school staff. The information provided below will only be used to conduct such background check. All information must be provided.

Name: (Full Legal Name)

Last Name	First Name	Middle Name
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List any other names used: (include nicknames, maiden names, or any other first or last names used)

Street Address:

City:	State:	Zip:
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Date of Birth: (MMDDYY)

Criminal Background

Have you ever pled guilty or no contest to, or been convicted of a felony, misdemeanor, or ordinance violation (other than minor traffic violations)? _____ No _____ Yes

If yes, please explain _____

Is there any current criminal charge or investigation pending against you in any jurisdiction? _____ No _____ Yes

If yes, please explain _____

CERTIFICATION STATEMENT: (Read carefully before signing)

All information provided above is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal as a volunteer.

I voluntarily and knowingly authorize any government agency, its officers, employees and agents to release any and all information regarding my criminal history to the West Allis - West Milwaukee School District, its officers, employees and agents.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless such agency, its officers and agents from any and all claims, liability, demands, causes of action, damages or costs, including attorneys' fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release.

Name Printed	Date	Signature	Date
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-OVER-

**SCHOOL DISTRICT OF WEST ALLIS WEST MILWAUKEE
DEPARTMENT OF RECREATION AND COMMUNITY SERVICES
REGISTERED VOLUNTEER APPLICATION FORM**



**1205 SOUTH 70TH STREET
WEST ALLIS, WI 53214**

**PHONE: 414-604-4900
FAX: 414-256-6311**

Thank you for your application to serve as a volunteer with the Recreation and Community Services Department of the School District of West Allis - West Milwaukee. Volunteers play an essential role in the development and mentoring of youth through their support in youth athletics, after school programs, etc.

Confidentiality and student safety are paramount within our district for staff and volunteers. As a registered volunteer, you are required to be aware of and agree to the required expectations and responsibilities of confidentiality and safety.

All Registered Volunteers are expected to comply with the following:

Confidentiality

- Maintain strict confidence about students and staff. This includes any information regarding health or behavioral issues, academic performance and school records in any form. Please note that per school board policy volunteers should not have access to any individual student's record.
- Refrain from discussing department practices, individual students and personnel, or personal opinions regarding all children, adults and situations while volunteering unless there is a legitimate interest to protect the safety interests of individuals in the school. If you have a specific concern, discuss it with the program manager.

Safety

- Stop adults in the building who are not with the program and ask them to return to the entrance area to check in with a staff member. Notify department personnel if the person does not comply.
- Make arrangements for personal child care needs while you volunteer.

Coaches Code of Conduct

- Read, sign and adhere to the Coaches Code of Conduct

Please note that any infraction of these expectations may result in removal of volunteer privileges.

- Yes, I have read the above guidelines and agree to follow the confidentiality, safety and code of conduct expectations and responsibilities as a registered volunteer within the West Allis - West Milwaukee School District. I understand that failure to follow the guidelines may result in removal of my volunteer privileges.

Print Name		Date
Signature	Phone #	
Program and Team name:		