

School District of Beloit Turner Volunteer Disclosure Form

It is the policy of the School District of Beloit Turner to require all volunteers and prospective volunteers to complete this form. On an annual basis, the School District of Beloit Turner will complete a criminal record check for conviction(s) and pending charges through the Wisconsin Department of Justice Crime Information Bureau (CIB).

Please print clearly and return to a school building office or the District Office.

Name: _____
 Last *First* *Middle*

Address: _____
 Street *City* *State* *Zip*

Phone: _____
 Including Area Code

Number of years at this address: _____ Date of Birth: ____ - ____ - _____

Social Security Number: _____ - _____ - _____ Gender: _____

List any other names you have ever had or have ever used: _____

Have you ever held a Wisconsin Driver's License? YES NO

Have you ever, in your lifetime, been convicted of, or do you 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")

YES NO

If yes, 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.

I authorize the School District of Beloit Turner to review my personal background. 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 Beloit Turner. I understand that the School District of Beloit Turner will verify the information I have provided on this form. 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.

Have you completed a School District of Beloit Turner Volunteer Disclosure Form in the last year?

YES

NO

Volunteer Confidentiality Policy

All communication of personal and/or educational information regarding district employees, families, parents, staff, or students 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 policy shall be considered a gross violation of District rules and may lead to immediate exclusion from volunteering with the School District of Beloit Turner.

I have read and understand the above.

Signature

Date

=====

DISTRICT OFFICE USE:

Background Check Ordered: _____

Background Check Received: _____

District Administrator Action:

Approved

Not Approved

District Administrator Signature

Date