

# BARRON AREA SCHOOL DISTRICT

100 West River Avenue

Barron, WI 54812

## Volunteer Enrollment Form

*You are invited! As a volunteer, you can help children learn.*

Please share your time, skills, or interests with our students. You need not be experienced, just willing to share. Your support will help develop positive attitudes toward learning and motivate students to achieve their potential.

On the form below, please indicate how you are willing to help. We have provided a list to give you some suggestions. This form may be returned in person or by mail to the building principal. We will contact you regarding future involvement. Thank you!

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_

What types of volunteering would you be willing to do?

### In-school helper:

- \_\_\_\_\_ Library
- \_\_\_\_\_ Clerical
- \_\_\_\_\_ Computer
- \_\_\_\_\_ Other \_\_\_\_\_

### Chaperone:

- \_\_\_\_\_ Dances
- \_\_\_\_\_ Field trips
- \_\_\_\_\_ Lock-ins
- \_\_\_\_\_ After school activities
- \_\_\_\_\_ Sporting events
- \_\_\_\_\_ Other \_\_\_\_\_

### Supervision

- \_\_\_\_\_ Cafeteria
- \_\_\_\_\_ Playground
- \_\_\_\_\_ After school activities
- \_\_\_\_\_ Sporting events
- \_\_\_\_\_ Other \_\_\_\_\_

### Classroom Activities:

- \_\_\_\_\_ Assist classroom teachers helping students.
- \_\_\_\_\_ Listen to a child read.
- \_\_\_\_\_ Read to children
- \_\_\_\_\_ Assist classroom teachers (i.e. cutting, decorating boards, making copies)
- \_\_\_\_\_ Other \_\_\_\_\_

### One-on-One Student Assistance:

- \_\_\_\_\_ Tutoring a student
- \_\_\_\_\_ Working with special needs children
- \_\_\_\_\_ Assisting in the gifted/talented program
- \_\_\_\_\_ Mentoring a student
- \_\_\_\_\_ Other \_\_\_\_\_

What school building or grade level would you be willing to help with? \_\_\_\_\_

When are you available to volunteer? Day of week? \_\_\_\_\_ Time of day? \_\_\_\_\_

If you have a disability, what accommodations would you need to do this volunteer position?

\_\_\_\_\_

Are you current with immunizations as per employee requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide two personal or professional references:

	Name	Phone Number	Relationship
1.			
2.			

Photo I.D has been provided and verified. Copies on file. \_\_\_\_\_ (initial)

**The Barron Area School District makes every effort to protect our students. I understand I will be subject to a background check. Any information gathered in such a check will be kept confidential. I hereby attest that the above information is true to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The Barron Area School District is dedicated to providing the highest quality education for its students. Be advised that all information provided on and with this application is subject to independent verification.**

**All investigative information will be kept confidential and released only to those Barron Area School District personnel with a need to know.**

**Please be advised that any false statement on this application may be grounds for excluding you, or for termination of employment.**

Please complete and return to the Barron Area School District, 100 West River Avenue, Barron, WI 54812

### SUPPLEMENTAL CRIMINAL/CIVIL INFORMATION FORM

**NOTE:** Convictions or pending criminal charges are not an absolute bar to employment. They will be considered only if there is a substantial relationship to the circumstances of the job for which you re applying.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

For any "yes" response to the following questions, please attach a detailed written explanation. Submit certified copies of any criminal complaint and if convicted, a copy of the criminal judgment. In addition, submit any other relevant court documents pertinent to any of the questions raised.

1. Have you ever been investigated for alleged misconduct in the course of any employment or as a member of any licensed or regulated profession? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you ever resigned, been disciplined or dismissed from any teaching or other school position, in part, for alleged immoral conduct<sup>1</sup> or incompetence<sup>2</sup>? Yes \_\_\_\_\_ No \_\_\_\_\_

<sup>1</sup> "Immoral Conduct" means conduct or behavior that is contrary to commonly accepted moral or ethical standards and that endangers the health, safety, welfare or education of any pupil. Sec. 115.31(1)(c), Wis. Stats.

<sup>2</sup> "Incompetency" means substantial, prolonged patterns of inadequate performance of duties or the lack of ability, legal qualifications or fitness to discharge required duties, affecting the health, welfare, safety or education of pupils. PI 3.04(i)(b), Wis. Admin. Code.

3. Have you ever had a certificate or license to teach or perform other school duties denied, revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Is disciplinary action of your educationally related license currently pending in any state? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you ever been investigated for sexual conduct that resulted in a conviction or guilty adjudication or violating a civil law or local ordinance? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Have you ever been arrested or convicted of any felony or misdemeanor criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Is any criminal charge currently pending against you in any state? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Have you or a school district you were employed by ever been a party to a civil settlement, award or agreement of any kind that involved an allegation concerning your sexual conduct? Yes \_\_\_\_\_ No \_\_\_\_\_

Please complete and return to the Barron Area School District, 100 West River Avenue, Barron, WI 54812

**RELEASE OF INFORMATION AUTHORIZATION**

I hereby authorize the Barron Area School District, its employees and its agents along with the Wisconsin Department of Justice, its employees and authorized agents to verify any information I have provided and to investigate my personal history.

I authorize my current and previous employers, educational institutions, and governmental agencies or political subdivisions to give any information requested regarding my employment, character, and qualifications. Any previous employer is also hereby authorized to release any and all documents, which, by agreement with me, have been designated as confidential or sealed.

I hereby expressly release and hold harmless Barron Area School District, their agents, employees and any person or organization who provides information or records relating to me from any and all liability or claiming related to the investigation of my personal employment audit or personal history. I further agree to release and hold harmless any person or entity which provides accurate information to the Barron Area School District, or its agents in the course of conducting a background check for purposes of employment with the Barron Area School District.

This release shall be valid for twelve (12) months immediately following the date of my signature below.

In compliance with the privacy Act of 1974, the following information is provided: The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application. A false statement or a material omission on any part of your application may be grounds for not hiring you, or firing you after you begin work.

I have read the foregoing and understand and approve the previous Privacy Act notice:

Initials \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name (Please print) include middle name Social Security Number

\_\_\_\_\_  
Previous Names/Maiden Names Current Address

\_\_\_\_\_  
Date of Birth Race City/State/Zip

\_\_\_\_\_  
Drivers License Number State Signature