

SCHOOL DISTRICT OF NEW GLARUS

VOLUNTEER DISCLOSURE FORM

The School District of New Glarus thanks you for your willingness to volunteer/work with our students. It is the policy of the District to require all volunteers to complete this Disclosure Statement. Subsequently, the District will complete a background check.

Please Print Clearly

Name _____
Last First Middle

Address _____
Street

_____ City State Zip

Male / Female

Date of Birth: ____/____/____

Social Security Number: _____

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 all court-addressed charges such as disorderly conduct, battery, worthless checks, etc. ____ **YES** ____ **NO**. If yes, please fill in the information below and include date, location and nature and circumstances of offense.

I authorize the New Glarus School District to review my personal background. I consent to having the 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 District. I understand that the District will verify the information I have provided above. 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.

Signature Date

Please return this form to:
New Glarus School District
Human Resource District Office
1701 Second Street
New Glarus, WI 53574

District approval: _____ Date: _____