

SCHOOL DISTRICT OF RHINELANDER

CONSENT TO PERFORM INVESTIGATIVE CONSUMER REPORT
IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT (FCRA)

Last Name First Name Middle Name or Initial

Maiden or other name(s) used in any and all other records of birth or records of residence

*Address Apt. # (if applicable)

City County State Zip

**Date of Birth Social Security # **Gender **Race

*As provided on the original application
**To be used for non-employment background check purposes only

In connection with the above-named applicant and his/her desire to engage in volunteer activities, he/she has been advised and by signature hereof does hereby consent and authorize the School District of Rhinelanders and its agent(s), at any time during or subsequent to his/her application process, to conduct a background check that may include a criminal record check and such additional verifications and reference checks as deemed necessary.

The following are responses to questions of the above-named applicant about his/her criminal history (if any).

- 1. Has applicant ever been convicted or plead guilty before a court for any federal, state, or municipal criminal offense? (exclude minor traffic misdemeanors) YES NO

If yes, please provide the following information:

State County Date of Offense (month/day/year)

Details of Conviction (include an attachment if more space is needed):

State County Date of Offense (month/day/year)

Details of Conviction (include an attachment if necessary):

State County Date of Offense (month/day/year)

Details of Conviction (include an attachment if more space is needed):

- 2. Has applicant ever received deferred adjudication or similar disposition for any federal, state, or municipal offense? YES NO

If yes, please provide the following information:

State County Date of Offense (month/day/year)

Details of Offense (include an attachment if more space is needed):

3. Has applicant ever received probation or community supervision for any federal, state, or municipal offense?
_____YES _____NO

If yes, please provide the following information:

State County Date of Offense (month/day/year)

Details of Supervision (include an attachment if more space is needed):

4. Has applicant ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? _____YES _____NO

If yes, please provide the following information:

Country City Date of Offense (month/day/year)

Details of Conviction (include an attachment if more space is needed):

5. As of the date of this consent form, does applicant have any pending charges against him/her?
_____YES _____NO

If yes, please provide the following information:

Country City Date of Arrest (month/day/year)

Details of Pending Charges (include an attachment if more space is needed):

List any and all cities/towns, counties, and states in which the above-named applicant has resided since high school graduation or age 18.

City/Town County State

The above-named applicant does hereby certify that all information provided herein and/or attached hereto is true, correct, and complete. If any information proves to be incorrect or incomplete, he/she understands that it will be grounds for the School District of Rhinelander to deny or terminate his/her ability to provide volunteer services for said school district.

Applicant/Volunteer _____
(Print Name)

Applicant/Volunteer _____
(Signature)

Signed this _____ day of _____, 20__

Home Phone Cell Phone Work Phone (optional)

Email_Address Position for Which Applicant/Volunteer is Applying