

School District of Rhinelander
"Committed to Excellence"



2011 - 2012 LUNCH BUDDY PROGRAM

Your First and Last Name:	
Mailing Address:	
Daytime Phone:	
Email Address:	
School Selection:	<input type="checkbox"/> Central <input type="checkbox"/> Crescent <input type="checkbox"/> NCES <input type="checkbox"/> Pelican
Age / Grade Preference:	<input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th
Quarter Preference:	<input type="checkbox"/> 1 st (9/12 - 11/4) <input type="checkbox"/> 2 nd (11/7 - 1/20) <input type="checkbox"/> 3 rd (1/23 - 3/29) <input type="checkbox"/> 4 th (4/10 - 6/6)
<p>The School District of Rhinelander requires a standard background check for all volunteers and staff. Please complete the attached authorization form and return it to the School District of Rhinelander Community Education Program.</p>	
Signature:	

Thank you for your willingness to share your time, wisdom and energy with our youth! Upon receipt of this completed application, as well as your signed authorization for the School District of Rhinelander to perform a standard background check, I will be contacting you to confirm your Lunch Buddy preferences and provide your lunch time.

Thank you!

Kim Swisher, Community Education Coordinator
 Cell: (715) 437-0465



DIVISION OF LAW ENFORCEMENT SERVICES
Crime Information Bureau
Record Check Unit

PO Box 2688
Madison, WI 53701-2688
608/266-5764

**WISCONSIN CRIMINAL HISTORY
SINGLE NAME RECORD REQUEST**

Search for a Record on: (Please type or print legibly)

* Name : _____ / _____ / _____
(Last) (First) (Middle)

* Sex: _____ * Race: _____ * Date of Birth: _____ / _____ / _____
(MM) (DD) (YYYY)

Other Identifying Data (Social Security Number, Maiden Name(s), Additional Names, etc.)

*** Required Data**

Return request to:

Name: School District of Rhinelander Attn: Human Resources Office

Street: 665 Coolidge Avenue, Suite B Phone: 715-365-9700, Ext. 5734

City, State, _____ FAX: 715-365-9713

Zip: Rhineland, WI 54501 E-mail: frieshel@rhinelander.k12.wi.us