

**SCHOOL DISTRICT OF RHINELANDER**

**VOLUNTEER APPLICANT'S CONSENT TO PERFORM NON-EMPLOYMENT BACKGROUND CHECK**

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Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence

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*Address	Apt. # (if applicable)
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City	County	State	Zip
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**Date of Birth	Social Security #	**Gender	**Race
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**\*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 above-named applicant does hereby consent to the School District of Rhinelanders use of any information provided on this form or during the application process in performing the non-employment related background check. The above-named applicant agrees to release, indemnify and hold harmless the School District of Rhinelanders and any agency(ies) used by the School District of Rhinelanders with regard to any information provided by the agency(ies). The above-named has been informed that he/she will have a reasonable opportunity to clear up any mistaken information provided by the agency(ies) within a reasonable time frame established within the sole discretion of the School District of Rhinelanders. The above-named acknowledges that facsimile, copy, or electronic versions of this form shall be as valid as the original.*

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:

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State	County	Date of Offense (month/day/year)
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Details of Conviction:

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State	County	Date of Offense (month/day/year)
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Details of Conviction:

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State	County	Date of Offense (month/day/year)
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Details of Conviction:

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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:

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

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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

**SCHOOL DISTRICT OF RHINELANDER**

**VOLUNTEER CONTRACT**

I, \_\_\_\_\_, understand and agree that my involvement  
(Print Full Name)

as a volunteer with student-related programs in the School District of Rhinelanders is performed with and under the following conditions:

1. Payment of any salary or stipend for services rendered is hereby waived (i.e. health insurance, workers compensation, etc.)
2. Eligibility for any benefits for services rendered is hereby waived (i.e. health insurance, workers compensation, etc.)
3. All policies and procedures, rules and regulations as established by the Board of Education, the Administration, the School District of Rhinelanders, the Department of Public Instruction, and the State of Wisconsin pertaining to the volunteer positions in the School District of Rhinelanders have been reviewed and understood by the undersigned, and will be adhered to.
4. In the performance of the undersigned duties as a volunteer, no intentional or wanton injury or damage will be caused to person(s) or property(ies) of said school district, including injury or damage to school district employees, students, community members and/or other volunteers and their property(ies).
5. In the event of illness or injury during volunteer services to the School District of Rhinelanders, the school district will not be held liable or obligated for any medical or other services that may be deemed necessary.
6. Services as a volunteer shall be performed on the condition that the volunteer is covered by and included as an insured under all applicable liability insurance policies of the School District of Rhinelanders.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Volunteer Position/Title

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone (optional)

\_\_\_\_\_  
Volunteer Email Address

\_\_\_\_\_  
Signature of Building Administrator/Supervisor

\_\_\_\_\_  
Date