

SCHOOL DISTRICT OF RHINELANDER

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

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

*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:

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

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

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

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)
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Details of Offense:

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

SCHOOL DISTRICT OF RHINELANDER
ACTIVITIES DEPARTMENT

AGREEMENT
for
ATHLETIC & CO-CURRICULAR VOLUNTEERS

As an athletic or co-curricular volunteer for the School District of Rhineland, I have read this agreement and will follow the policies and procedures as listed below.

1. I will be a positive role model for the athletes/participants, coaches, advisors, and for the school district in general.
2. I will display good sportsmanship and leadership.
3. I will use a positive approach to coaching that does not include the use of derogatory statements.
4. I will treat athletes/participants in the same manner that I would want my own children to be treated.
5. I will use encouragement and praise to motivate the athletes/participants.
6. I will teach and reteach techniques as instructed by the coach, assistant coach, or advisor in an effort to ensure the safety and performance of the athletes/participants.
7. I will facilitate open lines of communication with athletes/participants, coaches, and/or advisors.
8. I will follow the lead of the head coach, assistant coach, or advisor.
9. I will not take charge over or assume the responsibilities of the head coach, assistant coach, or advisor.
10. I will not interfere with the responsibilities of the head coach, assistant coach, and/or advisor.
11. I understand that it is the responsibility of the head coach/advisor to handle purchasing and reserve the necessary facility(ies) for the activity of which I am a volunteer. I cannot and will not make purchases or make a facility reservation on behalf of the head coach/advisor.
12. I understand that I am a volunteer and this volunteer position can be ended at any time upon the recommendation of the athletic director.
13. I agree to a background check by the school district and understand that this background check is required every two years.
14. I will follow all School District of Rhineland policies and procedures.

Activity/Season _____

Volunteer Name *(please print full name)* _____

Volunteer Signature

Date