

**School District of New Holstein
School Volunteer Disclosure Form**

It is the policy of the School District of New Holstein to require all volunteers and prospective volunteers to complete this Disclosure Statement. Subsequently, the School District of New Holstein will complete a criminal record check for conviction(s) and pending charges through the Wisconsin Department of Justice.

Please print clearly.

Name: _____ Male Female
Last First Middle

Other Last Names Used – Prior Last Name – Maiden Name

Address: _____
Street City State Zip

Number of years at this address: _____ Years at a Wisconsin Address: _____

Date of Birth: ____/____/____ Volunteer as: _____

Driver's License Number if Driving as Volunteer: _____

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 (Dishonesty will result in an automatic denial of this application.)

If yes, please fill in the information below and include date, location, and nature and circumstances of offense.

I authorize the School District of New Holstein to review my personal background. I consent to having the School District of New Holstein 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 School District of New Holstein. I understand that the School District of New Holstein 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: _____