

Exhibit

School Volunteer Disclosure Form

Exhibit 353.1

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 convictions(s) and pending charges through the Wisconsin Department of Justice.

Please Print Clearly

Name _____ Email _____
Last First Middle

Address _____
Street City State Zip

Number of years at this address: _____

Date of Birth: ____/____/____ Driver's License Number: _____

Volunteer as: _____
Which School Dept.

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. 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

Please return this form to the School District of New Holstein Office, 1715 Plymouth Street, New Holstein, WI 53061.

Date Presented to the Board: