

SCHOOL DISTRICT OF SOLON SPRINGS

8993 E Baldwin Avenue - Solon Springs, WI 54873

Volunteer Form

First Name:	Last Name:	
DOB: Home Phor	ne:Cell Phone:	
Address:		
City:	State: Zip Cod	e:
Email:		
I am interested in volunteering	ı in the following areas and activities: (Check all that apply)
Classroom Helper	Event or Celebration Helper	Office Helper
Academic Enrichment	Playground/Recess/Hallway Helper	Library Helper
Other:		
Please tell us about personal tare proud of:	oackground, educations, passions, or e	experiences that you
Why are you interested in volu	inteering with the Solon Springs Schoo	l District?
Emergency Contact:		
Name:	Relationship:	
Phone:		

^{**}Please complete this form and the accompanying background check to our school office**



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Confidentiality Agreement For School Staff as well as Volunteers

The School District of Solon Springs respects the privacy of our students and staff. We are committed to protecting privacy by keeping school matters confidential. We want to foster positive relationships with the Solon Springs community, while maintaining a level of privacy among our staff and volunteers. The names of all students and staff members, information regarding discipline and behavior issues, grades, academic performance, health concerns or other school or student related issues should not be discussed directly or indirectly with others.

	, agree not to discuss the
names of all students and staff members informa	ation regarding discipline issues,
nealth concerns, or other school or student relate	ed issues with other individuals.
Signature of Volunteer	 Date



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All applicants who desire to be seriously considered for a position with the Solon Springs School District must consent to having a thorough background and reference check. Each question must be answered accurately by circling "Yes" or "No"; when a "Yes" is circled an explanation should be included detailing dates and other significant information

Yes	No	1.	Have you ever been investigated for alleged misconduct in the course of any employment?
Yes	No	2.	Have you ever resigned, been disciplined, reprimanded, suspended or dismissed from any position (paid or unpaid) for performance reasons or incompetence, or for alleged immoral conduct ¹ ?
Yes	No	3.	Have you ever had a teaching or teacher aide certificate or license to be employed denied, revoked, or suspended?
Yes	No	4.	Is disciplinary action of your educationally related certificate or license currently pending in any state?
Yes	No	5.	Have you ever been investigated for sexual conduct, abuse, or neglect that resulted in any legal action up to and including conviction, or guilty adjudication for violating a civil law or a local ordinance?
Yes	No	6.	Have you ever been convicted of any felony or misdemeanor criminal offense?
Yes	No	7.	Have you ever participated in a deferred prosecution program resulting from a criminal investigation, including a plea of No Contest, or have charges been read into a court action.
Yes	No	8.	Have you ever been acquitted or found not guilty of a criminal offense involving sexual conduct, harm or threat of harm to another, for reasons of insanity, mental disease or defect, diminished mental capacity or comparable legal defense or basis?
Yes	No	9.	Other than minor traffic fines, have you ever been convicted, or paid fines, for auto related incidents or any other non traffic misdemeanors? This includes OWI, shoplifting, etc.
Yes	No	10.	Is any criminal or misdemeanor charge pending against you in any state?
Yes	No	11.	Have you or a school district (or other employer) you were employed by ever been party to a civil settlement, award, or agreement of any kind that involved an allegation concerning your sexual, physical, or emotional conduct?

¹ "Immoral Conduct" means conduct or behavior that is contrary to commonly accepted moral or ethical standards and that endangers the health, safety, welfare or education of any child.

For any "Yes" response, provide a detailed written explanation on this or other sheet of paper.

I HEREBY AFFIRM that all information on and with this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of facts may result in denial (or termination) of employment.

I HEREBY AUTHORIZE any of my previous employers, law enforcement agencies, any public agency holding criminal background information, the Wisconsin Department of Public Instruction (including its Licensing office), and the courts to release information which pertains to my responses to the questions listed above, or any inquiry related to background and reference checks conducted as a result of this job application. I hold the Solon Springs School District harmless in its search for background information, as well as any provider of such information.

Name (s): (current as well as any other names used, including maiden)	Social Security Number	Date of Birth (Mo. /Day/Yr.):
Signature:	Telephone Number(s) (Area/No.):	Date Signed:

^{2 &}quot;Incompetency" means substantial, prolonged patterns of inadequate performance of duties or the lack of ability, legal qualifications or fitness to discharge required duties, affecting the health, welfare safety or education of pupils or children.