SCHOOL DISTRICT OF FREDERIC

Volunteer Application - 2023-2024 School Year

Completion of both sides is required. Please print clearly. If approved by the building administrator a background check will be conducted by the District office. You will then receive an email regarding your approval status.

Location:	□ 6-12	□ Elementary	$^{\square}$ Coaching	□ Other		
Nature of Ap	oplication:	□ Chaperone	□ Other <i>If chaperon</i>	ing please complet	e sections 1, 3 & Back	
Section 1:						
Current Full	Name:					
Address:						
Telephone:		(Home)	(Wor	k)	(Cell)	
Email:						
Section 2:						
Volunteer activity/assignment(s) for which you are applying:						
	, ,	,				
When are yo	ou available (we	ekdays/hours)?				
					periences that you have:	
	•	,			•	
Have you ev	er been employ	ed by the Frederic Schoo	ol District?	□ Yes	□ No	
	, ,	-				
Section 3:						
	ld Trip:			Dates of Trip:		
					· · · · · · · ·	
		ed, pled nolo contendere Il ordinance violations) c			ations (including felonies,	
	□ Yes □ No If yes, list all pending charges from violations:					
		<u> </u>				

Please complete both sides

Background Check Information

The School District of Frederic does not discriminate on the basis of race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability. Federal law prohibits discrimination in education and employment on the basis of age, race, color, national origin, sex, religion or disability.

Name(s): List any names (aliases) you've had during the last 7 years. Attached another paper if you need more space. First Middle Current Full Name: Prior Full Name: Prior Full Name: Other identifying data: Social Security #: _____ Gender: __ Date of Birth: Address(es): List all addresses where you have lived at any time during the last 7 years. Provide actual physical address, not post office boxes. Use and attached another sheet if you need more space. Current: Street Address: _____ Dates (from/to): City, State, Zip Prior: Street Address: City, State, Zip Dates (from/to): Prior: Street Address: City, State, Zip Dates (from/to): My signature below indicates that I have read the Frederic School Board Policy, Community Engagement (Volunteers) - 811, completed this application accurately and truthfully, and understand that the district will be conducting a background check and to verify any and all information. I understand the information obtained by the district may be available for review by others under Wisconsin's Public Records law and that the District will, to the extent permissible, protect certain information such as home address, personal telephone number(s), social security number, and personal email address(es). Signature: _____ Date: _____ Personal Email: Phone Number(s): SCHOOL/DISTRICT OFFICE USE ONLY Background check run by: Approved Assignments: Signature of Approving Building Administrator Date Signature of Approving Athletic Director Date Signature of Approving District Administrator Date