

## FREDERIC SCHOOL DISTRICT VOLUNTEER APPLICATION

Completion of both sides is required. Please print clearly. If approved by the building administrator or athletic director, a background check will be conducted by the District office.

**Location:**     ☐ 6-12     ☐ Elementary     ☐ Athletics     ☐ Other: \_\_\_\_\_

**Nature of Application:**     ☐ Chaperone     ☐ Classroom Volunteer     ☐ Coaching

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**Section 1** (all information is needed to complete a background check)

Current Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Current Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Gender: \_\_\_\_\_ Phone number (best to contact you): \_\_\_\_\_

**Section 2**

Field trip or volunteer activity/assignment(s) for which you are applying for? \_\_\_\_\_  
\_\_\_\_\_

Student Relation Name(s): \_\_\_\_\_

List any specific training (i.e. First Aid, CPR, etc.), education (diplomas or degrees, etc) or experiences that you have: \_\_\_\_\_

Have you ever been employed by the Frederic School District?    YES / NO    If so, when? \_\_\_\_\_

Have you ever been convicted, pled *nolo contendere* (i.e., "no contest") to any offense or violations (including felonies, misdemeanors, or municipal ordinance violations) other than minor traffic violations?    YES / NO

If yes, list all: \_\_\_\_\_

My signature below indicates that I have read the Frederic School Board Policy, Community Engagement (Volunteers), 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

\_\_\_\_\_  
Email Address

**School/District Office Use Only**

Background check run by: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Approved Assignments: \_\_\_\_\_

_____ Signature of Approving Building Administrator	_____ Date
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_____ Signature of Approving Athletic Director	_____ Date
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_____ Signature of Approving District Administrator	_____ Date
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