

## SCHOOL DISTRICT OF WAUZEKA-STEUBEN VOLUNTEER APPLICATION

(An Equal Opportunity Employer)

Name			Date	
(First Name)	(Middle Initial)	(Last Name)		
Present Address				
	(Street)	(City)	(State)	(Zip)
Permanent Address				
	(Street)	(City)	(State)	(Zip)
Phone Number		Cell Phone		
Email Address				
Certification/Licenses held	(if applicable)			
List any restrictions or con-	ditions of your availability as a	volunteer:		
		from employment in lieu of a poten		
		nance expectations, incompetence, is explain (Knowingly falsifying info		
termination.)	insuborumation. If jes, pieuse	complain (Timo wings) raisisying into	imation share of sufficient g	1041145 101
Yes	No			
Please list your educational	training:			
Please list the areas in whe	re you are applying to voluntee	r:		
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List any formal training for	the activity in which you wish	to volunteer (Clinics, Coaching As	sociation memberships, etc.	)
Do you have any children i	n this program/activity? If yes,	please list names.		
What do not receive to be a re-	alamaa aa faa ah a W C Cabaal D	:-4::-49		
wny do you want to be a v	olunteer for the W-S School D	ISTRICT?		
Applicant's Signature				
Approving Coach's signatu (If Applicable)	ıre	Activity Director's signature (If Applicable)		
(ii ripplication)		(ii ripplicable)		
Principal's signature		District Administrator's sign:	ature	
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The School District of Wauzeka-Steuben, in accordance with Title IX of the Educational Amendments of 1972 and other Federal and State regulations, hereby declares that it is committed to the principle of equal education and employment opportunity and, accordingly, does not discriminate as to sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability. Any inquiries or complaints alleging non-compliance with Title IX of the Educational Amendments of 1972 or other Federal and State civil rights or nondiscrimination regulations shall be referred to District Administrator, Gary Albrecht at the School district of Wauzeka-Steuben, 301 E. Main Street, Wauzeka, WI 53826, (e-mail) <a href="mailto:albregar@wauzeka.k12.wi.us">albregar@wauzeka.k12.wi.us</a> call (608) 875-5311 ext. 214 <a href="mailto:and/or-Jamie">and/or-Jamie</a> Nutter or his designee, Title IX Coordinator of the School District of Wauzeka-Steuben, at Cooperative Educational Service Agency #3, 1300 Industrial Drive, Fennimore, WI 53809, (call) 1-608-822-2148 (e-mail) <a href="mailto:jnutter@cesa3.k12.wi.us">jnutter@cesa3.k12.wi.us</a>

## Consent to Conduct Background Investigation "Disclosure and Authorization" form

I understand that am required to h queried and revi	ave a	backor	ound	invest	igation	comr	leted a	s requ	este	d. I	unde	rstar	_ wit	h WA t the	UZE follo	KA-S wing	TEUBE persona	N SCI	HOOI	DIS	TRICT	and
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	X Local law enforcement queries							Professional/Character References Neighborhood Canvass														
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WAUZEKA-STE assessing my su Therefore, I do h	UBEN itability	SCHO for the	OL D e pos	ISTRIC ition fo	CT staf	f. lur	ndersta re appli	nd tha	t this unter	back ered/	grou am e	ith a ind ii mplo	nyon ivest iyed.	e oth igatio	er th	an ap	propriat be used	for a	nbers ny pui	of the	e other	than
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## Authorization for the Release of Information

To Whom It May Concern:

I am an applicant/volunteer/current employee with School District of Wauzeka-Steuben. I understand that there is a need to thoroughly investigate and/or re-investigate my background to evaluate my qualifications to hold the position for which I have applied or currently hold. I agree that it is in my best interest, as well as the interest of School District of Wauzeka-Steuben, that any relevant information concerning my personal and employment history is disclosed to School District of Wauzeka-Steuben, via DIVERSIFIED investigations, Ilc (DI). I have signed a consent form to allow DIVERSIFIED investigations, Ilc to conduct a background investigation on me. I consent only to the release of information upon which I have consented to. I have signed this form to assist DI in getting information from places that have information about be for example: former employers, your departments, personal & professional references.

I hereby authorize you to release any and all information, written or oral, typed or hard copy, including any criminal or driving record, you contacts including: arrest information, suspect information, history of medical/mental contacts, warnings, reporting person, investigatory file complaints, grievances, civil, criminal, and any other records relating to my reputation, conduct, and financial and credit status and to provide such information to DIVERSIFIED investigations, Ilc. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data and to provide such information to School District of Wauzeka-Steuben to consider in determining my suitability for employment/volunteering with School District of Wauzeka-Steuben. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to the release of any and all public and private information that you possess concerning me.

I hereby release and hold harmless you, any individual, institution or agency, including its officers, employees or other related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, my family or associates, or any other person claiming on my behalf because of compliance with oral or written in nature.

I specifically direct you to promptly release such information to School District of Wauzeka-Steuben via representative of DIVERSIFIED investigations, Ilc, regardless of any agreement I may have made with you previously to the contrary. School District of Wauzeka-Steuben may discontinue processing my application if you refuse to disclose the information requested. In the interest of allowing School District of Wauzeka-Steuben to receive a timely response from you, I hereby waive my rights held under Wisconsin Supreme Court decision in Woznicki v. Erickson, 202 Wis. 2d 178, 193 (Wis. 1996), that allows me to inspect, review, personally view, or have produced to me the contents of what you may release regarding my background investigation, including having the circuit court review your decision to release these records. I further understand that the released documents may adversely implicate my privacy interest and/or reputation. I fully understand this Authorization for the Release of Records is subject to the Fair Credit Reporting Act and does NOT remove my right to receive a copy of the full background if an adverse action is taken by School District of Wauzeka-Steuben (FCRA-see www.consumerfinancie.gove/learnmore).

A photocopy of this one-page authorization, intent and purpose as valid as the original.	when supplied by an employee of DIVERSIFIED investigations, llc, shall be for You may retain the photocopy for your files.
Printed Full Name:	
Address:	
Phone number:	
Date of Birth:	
Signature:	Date: