School District of Greenfield Administration Center

4850 South 60 Street, Greenfield, Wisconsin 53228-2915 ■ Phone: 414-855-2050 ■ FAX: 414-855-2051

Volunteer Background Check Consent Form

The tremendous responsibility of the School District of Greenfield has to its school children and community necessitates conducting background investigations of all potential volunteers. The School District of Greenfield requires that all volunteers, including field trip chaperones, undergo background investigations. If you intend to serve as a volunteer, then you must complete this form and return it to the school office. All information must be provided and the completed form will be kept on file. The District reserves its right to update its background investigations at any time. Questions concerning this policy should be addressed to the Community Relations Manager. Incomplete forms will be returned.

Last Name _____ First Name _____ Middle Name _____

List any other names used (include nicknames, maiden names or any other names used). _____

Date of Birth: _____ Phone number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

School(s) of interest for volunteering: _____

Relationship to student and/or school: _____

CERTIFICATION STATEMENT: (Read carefully before signing.)

I represent that all of the information provided on this form and to the District as part of this application is true and correct to the best of my knowledge. I understand that my application will not be given further consideration if I have provided any false statements, misrepresentations or omissions during the application process. I understand that false statements, misrepresentations or omissions may be cause for rejection or for subsequent dismissal as a volunteer. I agree that the District, its officers, employees and agents shall not be held liable in any respect if my volunteer status is not considered or is terminated for that reason.

As a volunteer in the District, I acknowledged that if I hold a license or permit to carry a concealed weapon in Wisconsin or any other state that I will not carry such a weapon during the course of performing my volunteer activities with the District.

I voluntarily and knowingly authorize any person(s) or entity(ies), its officers, employees and agents to release any and all information regarding my personal or criminal history to the School District of Greenfield, its officers, employees, and agents.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless the School District of Greenfield, its officers, agents, and employees, and such person(s) or entity (ies), its officers, employees and agents from any and all claims, liability, demands, causes of action, damages or costs, including attorney fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to disclosure or release of information or the failure to release or use of such information.

Name: _____ Date: _____

Signature: _____