

School Name: _____ Date: _____

Student's Name _____ Room # _____



Volunteer Application and Consent Form

The West Allis - West Milwaukee School District conducts criminal background checks of all individuals seeking to serve as volunteers who will work one on one, alone with students in our school or who accompany students on overnight activities or who, in the discretion of the Superintendent or his/her designee, supervise students in an activity with limited oversight by school staff. The information provided below will only be used to conduct such background check which will only be reviewed by the Director of Human Resources. All information must be provided.

Name: (Full Legal Name)

Last Name	First Name	Middle Name
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List any other names used: (include nicknames, maiden names, or any other first or last names used)

Street Address:

City:	State:	Zip:
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Social Security Number:

Date of Birth: (MMDDYY)	Telephone number:
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CERTIFICATION STATEMENT: (Read carefully before signing)

All information provided above is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal as a volunteer.

I voluntarily and knowingly authorize any government agency, its officers, employees and agents to release any and all information regarding my criminal history to the West Allis - West Milwaukee School District, its officers, employees and agents.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless such agency, its officers and agents from any and all claims, liability, demands, causes of action, damages or costs, including attorneys' fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release.

Name Printed	Date	Signature	Date
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