



Volunteer Background Check Consent Form

Please print all information

Name: _____
Last name First Name M.I.

Date of Birth: ____/____/____
Month Day Year

Address: _____ City: _____

State: WI Zip Code: _____ Phone Number: _____

Email: _____

School(s) I am interested in volunteering at (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Edgewood Elementary | <input type="checkbox"/> Glenwood Elementary | <input type="checkbox"/> Greenfield Middle School |
| <input type="checkbox"/> Elm Dale Elementary | <input type="checkbox"/> Maple Grove Elementary | <input type="checkbox"/> Greenfield High School |

List any relationship(s) and name to student(s) and/or school: _____

Per Board Policy, the School District of Greenfield requires that all volunteers undergo background investigations. If you intend to serve as a volunteer, this form must be fully completed and returned to the school office. All information will be kept confidential. The District reserves its right to update its background investigations at any time. Questions concerning this policy should be addressed to the Director of Human Resources.

Have you ever been found guilty of any crime, or pleaded guilty, or no contest for any offense or violation (including felonies, misdemeanors, or municipal ordinance violations) other than minor traffic violations, or do you presently have any pending charges for such violations? Yes No

If yes, please explain fully and include the state in which the offense or violation occurred.

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 or misrepresentations. Omissions may be cause for rejection or 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.

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), 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.

Signature: _____ **Date:** _____

Date of background check: _____ Completed by: _____

Approved Denied (reason): _____