



School District of Holmen
1019 Mc Hugh Road, Holmen, WI 54636

608-526-6610

www.holmen.k12.wi.us

VOLUNTEER REGISTRATION & ANNUAL RENEWAL FORM

Please choose correct answer: New Volunteer Registration OR Registration Renewal

I. Personal Information		
Last Name:	First Name:	Middle Name:
Address:		Other Name:
City:	State:	Zip Code:
Telephone Numbers: Home: () Other: ()		Email:
Social Security Number:	Date of Birth:	Current School Year:
Building/Program to Volunteer at:		

Note: We cannot process this form without Social Security Number and Date of Birth

II. Background Information

Background Checks are run every four years by the School District of Holmen or more often, when deemed necessary. Criminal charges or convictions are not an automatic bar to volunteer service. The District will consider the nature of offense, date of the offense, and relationship between the offense and volunteer position.

Have you ever been convicted of a: felony, misdemeanor, or forfeiture (fine for municipal ordinance violation)? If yes, attach an explanation, giving dates and location (city, state):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a felony, misdemeanor, or forfeiture charge currently pending against you? If yes, attach an explanation, giving dates and location (city, state):	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. Agreement

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentations or willful omissions of facts shall be sufficient cause for disqualification from volunteer service. Furthermore, it is understood that this registration and records become the property of the District, which reserves the right to accept or reject it. I further agree to abide by all rules, regulations, and policies of the District. I hereby authorize the School District of Holmen to utilize third party agencies to collect reports by contacting law enforcement agencies, city, state, county, and federal courts to release information about my background including, but not limited to, information about my criminal record. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my volunteer service. I understand I have the right to obtain a copy of background check reports if the written request is made within 60 days of signature below.

I understand I will be responsible for maintaining confidentiality regarding information seen and/or heard while working as a volunteer. I have read and understand my responsibilities as a volunteer as outlined in the District Volunteer Handbook (available online).

Signature of Applicant (electronic is accepted as well): _____ **Date:** _____

Equal Opportunity Assurance: The School District of Holmen complies with the provision of Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act 1973, and Title VI of the Civil Rights Act of 1964, and does not discriminate on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap in its employment practices. Questions regarding compliance should be addressed to: Local Compliance Officer, Director of Pupil Services.

Office Use Only			
Date Registration Received:		Clear/Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Trace completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date added to Volunteer List:	
Criminal Background completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		