

# Mosinee School District

## VOLUNTEER APPLICATION and AGREEMENT

What event are you wishing to be a volunteer for: \_\_\_\_\_

District Requester: \_\_\_\_\_

### Contact and Demographic Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have children in the District?  Yes  No If so, what school? \_\_\_\_\_

List current or previous employment or volunteer experiences that may be helpful as a volunteer: \_\_\_\_\_

What type of volunteer are you? (Check all that apply)

Parent  Student  Community Member  Relative/Caregiver of a Student

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Agreement Acknowledgement:** I understand that I am requesting to perform volunteer services for the Mosinee School District.. I am offering my services freely and without coercion. I desire to perform these services and recognize the following:

I will be performing hours of service for civic purposes without the promise or expectation of payment or compensation for these hours of service.

In exchange for permitting me to perform the volunteer services that I have asked to perform, I release and waive the School District, its officers, and employees from any claims of action under Wisconsin's wage and hour laws and the Fair Labor Standards Act with respect to my volunteer work, and hereby agree to indemnify and hold the School District, its officers, and employees harmless with regard to same with respect to any wage payment and compensation issues.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Background Check Information and Agreement:

Have you ever been convicted of a misdemeanor or felony?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Note: A criminal record does not constitute a bar to employment, unless it is substantially related to the position in which the volunteer will assist in. Is there any additional information regarding your name, necessary for us to conduct a record check?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

My signature below authorizes the School District to conduct a background investigation and authorizes release of information in connection with my volunteer application. This investigation may include such information as criminal or civil convictions, driving record, previous employers and educational institutions, personal references, professional references, medical records, and other appropriate sources. I waive my rights of access to any such information, and without limitation hereby release the school district and the reference source from any liability in connection with its release or use.

I understand that the school district is committed to maintaining a drug-free workplace. I understand and agree that possession of illegal or illicit substances shall be grounds for terminating my volunteering position by the school district.

Furthermore, I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, or false statement made by me on this application, or supplement to it will be sufficient grounds for termination my volunteer position with the school district.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_