

CRIMINAL BACKGROUND CHECK PROCEDURES - VOLUNTEERS  
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VOLUNTEER APPLICATION AND CONSENT FORM

It is the policy of the Board of Education of the Oconomowoc Area School District to conduct criminal background checks of all individuals seeking to serve as volunteers who work one-on-one, alone with students in our school or who accompany students on overnight activities. The information provided below will only be used to conduct such background check.

All information must be provided.

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MAIDEN/OTHER NAMES: \_\_\_\_\_

**I HAVE CHILDREN AT THESE SCHOOLS:** ☐Greenland ☐Ixonia ☐Meadow View  
☐Park Lawn ☐Summit ☐Nature Hill ☐Silver Lake ☐Oconomowoc High School

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 Oconomowoc Area 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.

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

REVISED: April 16, 2013  
REVISED: October 27, 2008