

LAST NAME

Volunteer Application Background Check Consent Form

The School District of North Fond du Lac

It is the policy of the Board of Education of the School District of North Fond du Lac 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.

MIDDLE INITIAL

FIRST NAME

STREET ADDRESS:			
CITY:		STATE:	ZIP:
PHONE:			
SEX: RA	ACE:DAT	E OF BIRTH:	And the second s
MAIDEN/OTHER NAMES:	6.00		
I HAVE CHILDREN A	T THESE SCHOOLS (leave blank if	no children in schools):
□Early Learning Center	□Friendship Learnin	g Center	□Bessie Allen Middle School
□Horace Mann High School	lo		
All information provide that misrepresentation subsequent dismissal	ns or omissions may	orrect to the b be cause fo	est of my knowledge. I understand or rejection or may be cause for
	and all information re	garding my cri	gency, its officers, employees and iminal history to the School District
harmless such agenceauses of action, dan	cy, its officers and age mages, or costs, inc	ents from any cluding attor	ge, absolve, indemnify and hold and all claims, liability, demands, ney's fees, present or future, ated, arising from or incident to the
Signature:			Date:
FOR OFFICE USE ONLY (Please do not write below	/ this line).	
Administrator's Signature	•	Date of Back	ground Check