

# PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT

100 West Monroe Street  
Port Washington, WI 53074-1292

Telephone (262) 268-6000  
Fax (262) 268-6020  
Web site [www.pwssd.k12.wi.us](http://www.pwssd.k12.wi.us)

## VOLUNTEER / CHAPERONE / STUDENT TEACHER APPLICATION FORM

<i>GENERAL INFORMATION</i>			
SCHOOL			
VOLUNTEER ASSIGNMENT REQUESTED		DATE	
NAME			
HOME ADDRESS			
Street		City	State ZIP
TELEPHONE ( ) Home	( ) Cell Phone	E-MAIL ADDRESS	

<i>EMERGENCY CONTACT</i>	
NAME	
PHONE	CELL PHONE

<i>EDUCATION</i>				
HIGH SCHOOL NAME & LOCATION				
COLLEGE/UNIVERSITY NAME & LOCATION	MAJOR/MINOR	GPA	DEGREE	DATE EARNED
Other				

What previous experience do you have working with youth? \_\_\_\_\_  
\_\_\_\_\_

<i>PERSONAL DATA</i>
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1. Have you ever been dismissed, asked to resign, or non-renewed? Yes ☐ No ☐  
If yes, please explain on a separate sheet.
2. Have you ever been convicted of any felony, or have you ever been convicted of a misdemeanor or other offense, which substantially relates to activities or related duties contemplated by this application? Yes ☐ No ☐  
If yes, please describe in full on a separate sheet.
3. May we have your permission to contact references listed below? Yes ☐ No ☐

<i>REFERENCES</i>			
<i>Please include two persons who have knowledge of your ability, to work with youth, experience, and qualifications.</i>			
NAME	ADDRESS	POSITION/TITLE	TELEPHONE NO.

## SIGNATURE

My signature certifies that all statements made on this application/request and in all other materials submitted to support my volunteer request are true and complete. I grant representatives of the Port Washington-Saukville School District permission to check the accuracy of statements/information provided within this application. I agree that misrepresentation of information contained in the application materials may be cause for the district to dismiss me as a volunteer.

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

*The Port Washington-Saukville School District is an Equal Opportunity Employer; and as such, shall fully comply with all state and federal laws and regulation regarding employment.*

## **Chaperone/Volunteer/Student Teacher Background Check Form**

(For official use only, not to be released to unauthorized persons)

All decisions are subject to successful background checks. Any district employee associated with the selection process does not review this form.

I hereby authorize the Business Office of the Port Washington-Saukville School District to obtain information and records pertaining to me from **any or all police or court records**. By signing, the District is granted the authorization to obtain such records for a period of three years from the signed date, if the signor volunteers to chaperone at future events.

I hereby release any individual or institution, including its officers, employees or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

1. \_\_\_\_\_
2. \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (please print)

\_\_\_\_\_  
Date of Birth or Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address (street and number)

\_\_\_\_\_  
City, State, ZIP

Witness: \_\_\_\_\_

The Port Washington-Saukville School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of Special Services, Port Washington-Saukville School District, 100 W. Monroe Street, Port Washington, WI 53074 - Duane.Woelfel@pwssd.k12.wi.us