



**VOLUNTEERS DISCLOSURE/RELEASE OF INFORMATION**

Volunteers are an integral part of the District's educational offering, but the District is responsible for the health, safety, welfare, and education of its students and employees. As part of its efforts to meet these responsibilities, the District requires full and complete disclosure of arrests or convictions of those volunteering. An arrest or conviction does not preclude volunteering; however, failure to provide full and complete information may disqualify an applicant from volunteering. Any arrests or convictions that occur after this form is initially completed must be reported to the Executive Director of Human Resources within five work days.

In addition, volunteers must authorize Eau Claire Area School District and/or representatives of Fidelitec, LLC, acting on the District's behalf, to investigate all statements contained in the assignment as a volunteer and retrieve information relating to their past activities for purposes of such investigation from all relevant individuals and organizations, including but not limited to personnel, educational institutions, government agencies, companies, and law enforcement agencies, to supply any and all information concerning their background, and release the District and/or Fidelitec, LLC, from any liability resulting in providing such information. The information received may include, but is not limited to, employment, academic, residential, motor vehicle, and criminal records. Applicants also understand and represent that they understand that they have the right to request additional information about these inquiries and any subsequent reference reports made by Fidelitec, LLC, and that additional information will be provided to me upon written request to Fidelitec, LLC, 245 Horizon Drive, Suite 107, Verona, WI 53593.

Name \_\_\_\_\_  
(print clearly)                      **Last\***    **First\***    Middle

Other names used \_\_\_\_\_ Dates of Usage \_\_\_\_\_  
(Including Maiden Name)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Sex \_\_\_\_\_

**Social Security Number\*** \_\_\_\_\_ **Date of Birth\*** \_\_\_\_\_ Phone \_\_\_\_\_

**\*Required**

**Have you ever lived outside of Wisconsin SINCE the age of 18?**  No  Yes If yes, where \_\_\_\_\_

**Have you EVER been convicted\*\*, or do you presently have pending charges for violations of law other than minor traffic violations (those carrying a fine of less than \$200)?**  No  Yes

If the answer to the above question is "Yes," please fill in the information below and attach a letter of explanation. If you have more than two arrests, convictions and/or pending charges, list them on a separate sheet.

**ARREST OR CONVICTION INFORMATION**

1. Charge		Date of Pending Charge/Conviction	County and State
City	State	Amount of Fine	Length of Jail Time
Remarks:		Length of Probation:	
2. Charge		Date of Pending Charge/Conviction	County and State
City	State	Amount of Fine	Length of Jail Time
Remarks:		Length and Terms of Probation:	

\*\*Conviction means a verdict or a finding of guilty, a plea of guilty, an Alford plea, or a plea of *nolo contendere*, in any criminal case, as well as in cases involving non-criminal offenses in violation of state law and/or any local ordinance.

**I authorize the investigation of all statements contained herein, authorize any involved Agency to seek or provide the requested information, and understand that the District reserves the right to consider arrest or conviction and/or the circumstances related to arrest or conviction as it deems appropriate and as permitted by law. I understand that my employment is not finalized until evaluation of my background has been completed and that this means that the District may discontinue the hiring process, decline to enter into a contract, rescind any contract or offer of employment, and/or otherwise terminate any further employment relationship until the District determines that this process is concluded.**

***Signature Required On Next Page***

I certify that the answers I have given are true, correct, and complete. I agree that the District shall not be held liable in any respect if I am not allowed to volunteer or I am precluded from volunteering because of false, inaccurate, or incomplete statements or omissions in this application or because the District used information provided in a lawful manner in reviewing my application. I hereby release the District and all providers of information regarding my suitability for volunteering from any liability, cause of action, damages or costs, of whatever kind or nature that may result from providing this information.

**SIGNATURE** \_\_\_\_\_ *(Required)*      **DATE** \_\_\_\_\_

Volunteer at School/Building \_\_\_\_\_

Check all that apply:

Classroom Volunteer

Office Volunteer

Library Volunteer

Coaching Volunteer

Field Trip Chaperone

Tutor

Program Volunteer. Please explain: \_\_\_\_\_

Other. Please explain: \_\_\_\_\_

No person shall be discriminated against or harassed in any action under any program or activity sponsored by the ECASD, by reason of age, race, creed, color, handicap/disability, marital status, gender, national origin, ancestry, sexual orientation, arrest or conviction record, membership in the national guard, state defense force or any reserve component of the military forces, or use or nonuse of lawful products outside the work place during nonworking hours, except as permitted or required by law.

**Office Use Only:**

Background Check:       Approved       Denied       Not Applicable

Applicant:       Approved       Denied

Recorded in Database       Partnership Coordinator Notified

HR Notes: \_\_\_\_\_