



# West Allis West Milwaukee School District Registered Volunteer Application Form Volunteer Guidelines

Thank you for your application to serve as a volunteer in the West Allis-West Milwaukee School District. Volunteers play an essential role in the educational process within the West Allis-West Milwaukee schools through their support in classrooms, libraries, cafeterias, offices, on field trips, and at PTA booster activities.

Confidentiality and student safety are paramount within our district for staff and volunteers. As a registered volunteer, you are required to be aware of and agree to the required expectations and responsibilities of confidentiality and safety.

All Registered Volunteers are expected to comply with the following:

### Confidentiality

- Maintain strict confidence about students and staff. This includes any information regarding health or behavioral issues, academic performance and school records in any form. Please note that per school board policy volunteers should not have access to any individual student's record.
- Refrain from discussing school practices, individual students and personnel, or personal opinions regarding all children, adults and situations observed while volunteering unless there is a legitimate educational interest to protect the safety interests of individuals in the school. If you have a specific concern, discuss it with the principal.

### Safety

- Sign in and wear a designated volunteer badge when working in West Allis-West Milwaukee Schools or when representing our schools.
- Stop adults in the building who are not wearing badges and ask them to return to the office to sign in. Notify the office if person does not comply.
- Make arrangements for personal child care needs while you volunteer in schools.

**Please note that any infraction of these expectations may result in removal of volunteer privileges.**

- Yes, I have read the above guidelines and agree to follow the confidentiality and safety expectations and responsibilities as a registered volunteer within the West Allis-West Milwaukee School District. I understand that failure to follow the guidelines may result in removal of my volunteer privileges.

|                     |             |
|---------------------|-------------|
| <b>Print Name</b>   | <b>Date</b> |
| <b>Signature</b>    |             |
| <b>School Site:</b> |             |

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

**\*\*If you have more than one student in the district, please indicate the additional student names and schools.**



## Volunteer Application and Consent Form

The West Allis-West Milwaukee School District conducts criminal background checks of all individuals seeking to serve as volunteers who will work one on one, alone with students in our school or who accompany students on overnight activities or who, in the discretion of the Superintendent or his/her designee, supervise students in an activity with limited oversight by school staff. The information provided below will only be used to conduct such background check. All information must be provided.

Name: (Full Legal Name)

\_\_\_\_\_

Last Name                      First Name                      Middle Name

List any other names used: (include nicknames, maiden names, or any other first or last names used)

\_\_\_\_\_

Street Address:

\_\_\_\_\_

City:    State:    Zip:

\_\_\_\_\_

Date of Birth: (MMDDYY)

\_\_\_\_\_

### **CERTIFICATION STATEMENT** (Read carefully before signing)

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 West Allis-West Milwaukee 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.

\_\_\_\_\_  
Name Printed    Date                      Signature    Date