PARKVIEW SCHOOL DISTRICT VOLUNTEER DISCLOSURE AND CONSENT FORM

The Parkview School District thanks you for your willingness to volunteer/work with our students and staff. It is the policy of the Parkview School District to require all prospective volunteers/employees/student teachers to complete this disclosure and consent statement. Subsequently, the Parkview School District will complete a formal criminal record check for conviction(s) and pending charges.

Please print clearly:

Name_____
Last First Middle

Former Name(s)/Alias(s) _____
Last First Middle

_____
Last First Middle

Address_____
Street City State Zip

Contact Number _____

Date of Birth_____/_____/_____ Gender _____ Race _____

I authorize the Parkview School District to review my personal background**. I consent to having the Parkview School District conduct a full and thorough criminal background check.** I understand that the Parkview School District will verify the information provided above. I hereby release the School District, its Board of Education and its agents as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions.

My signature below indicates that I have read and understand the above form, that all of the information I have provided on this form is complete and truthful, and that I consent to a criminal background check and release all involved from any liability in connection with that criminal background check.

_____ _____ _____
Name Signature Date

Please return the completed form to the District Confidential Secretary, 106 W. Church St., Orfordville, WI 53576

APPROVED: April 19, 2010
January 24, 2011
May 18, 2015
AUGUST 15, 2016