

Wabasha-Kellogg School District 811
VOLUNTEER APPLICATION FORM – WK 426APPL
(Return Completed Form to the District Office)

NAME: _____ TODAY'S DATE: _____
LAST FIRST MIDDLE

ADDRESS: _____ CITY/STATE/ZIP CODE: _____

HOME PHONE #: (____) ____ - ____ CELL#: (____) ____ - ____ E-MAIL: _____

PRIOR VOLUNTEER EXPERIENCE IN SCHOOL OR COMMUNITY:

INTERESTS/SKILLS:

CHECK THE AREAS BELOW YOU WOULD LIKE TO VOLUNTEER FOR AND COMPLETE SPECIFICS (if applicable):

___ Preschool	Specific Classroom: _____	Special Event: _____
___ Elementary	Specific Classroom: _____	Special Event: _____
___ High School	Specific Classroom: _____	Special Event: _____
___ Athletics	Specific Sport: _____	Special Event: _____
___ Fine Arts	Specific Fine Art: _____	Special Event: _____
___ Special Programs:	___ Book Buddies	___ Tutor
___ Food Service		___ Speaker
___ Other (Please Explain):	_____	

I AM AVAILABLE TO VOLUNTEER (PLEASE CIRCLE each line):

DAYS OF THE WEEK: M TU W TH F Other: _____

TIME OF DAY: mornings afternoons after school hours

FREQUENCY: daily weekly monthly for special events only

The District's insurance carrier requires that all volunteers answer the following questions to be in compliance with our liability coverage. We appreciate your cooperation and understanding in the best interest of our students.

- Have you ever been convicted of or pled guilty to a felony, gross misdemeanor or misdemeanor in which a jail term was or could have been imposed? Yes No *If "yes", attach a separate sheet for details.*
- If you have been convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child, place an "X" in this box and attach a separate sheet with details.

NOTE: A conviction or guilty plea will not necessarily bar you from volunteering. Each conviction or guilty plea will be judged on its own merits with respect to time, seriousness, circumstances, and relation to volunteer responsibilities.

- I give permission for Wabasha-Kellogg School District 811 to conduct a criminal background check. Please complete the volunteer background check authorization form and turn in with this form.
- I understand further information concerning my past record may be sought by the School District, and I hereby authorize Wabasha-Kellogg School District to make such inquiries. In addition, I also release from all liability or damage those individuals, corporations or organizations who provide information in response to the inquiries of the Wabasha-Kellogg School District 811. I also understand that nothing contained in this Volunteer Application Form is to be construed as approving the volunteer placement.
- Applicants are advised that an approved application by Wabasha-Kellogg School District 811 is conditioned upon determination by the School District that the applicant's background does not preclude such approval.
- I acknowledge that my role as a volunteer carries with it an assumption of risk and that it may be an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, acts of God, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all of the risks of participating &/or volunteering in this event.
- In consideration of my application and permitting me to volunteer, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from activities in which I am volunteering THE FOLLOWING ENTITIES OR PERSONS: WABASHA-KELLOGG SCHOOL DISTRICT #811;
- By signing in the space below, I am attesting to the truthfulness of the information that I have provided on this Volunteer Application Form. I understand that any misrepresentation or omission of fact will be cause for canceling this application or terminating my placement as a volunteer in the School District. I agree that the Wabasha-Kellogg School District 811 shall not be liable in any respect if my volunteer placement is terminated because of the falsity or inaccuracy of statements made by me on this application.

Volunteer Applicant Signature: _____ **Date:** _____

Do Not Write Below This Line – School District Use

_____ Approved _____ Not Approved _____ More Information Required _____ Background Check Required

Administrator Approving Application (Print)	Signature	Date
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Required Training for Volunteers Based on Assignment

_____ Blood Borne Pathogen _____ Date Completed _____ Initials-Person Verifying	_____ Right to Know _____ Date Completed _____ Initials-Person Verifying	_____ Data Privacy _____ Date Completed _____ Initials-Person Verifying
_____ Harassment & Violence _____ Date Completed _____ Initials-Person Verifying	_____ Bullying _____ Date Completed _____ Initials-Person Verifying	_____ Hazing _____ Date Completed _____ Initials-Person Verifying
_____ Concussion _____ Date Completed _____ Initials-Person Verifying	_____ Other: List _____ _____ Date Completed _____ Initials-Person Verifying	