School District of Marathon VOLUNTEER REGISTRATION FORM

(Please Print)

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Volunteer signature

All school volunteers must complete this registration to volunteer for the School District of Marathon. Please PRINT legibly and complete the entire form. For your safety, and that of our students, a BACKGROUND CHECK will be completed on all volunteers. A complete registration form with an original signature and a copy of your legal/government issued photo ID, must be kept on file. PLEASE ATTACH A COPY OF YOUR

egal Name as it appears on your photo ID Street address: O. Box: Work phone:) School where you will be volunteering: Name: Do you agree to maintain CONFIDENTIAL The School District of Marathon has a responr facilities are required to complete a cri	City: E-mail Address: EMERGENCY CONTAC PLEASE COMPLETE AI ITY of student's information?	Sex:	Birth date: / / nber: (optional) TION	Other names used: Home phone: () ZIP Code: Alternate phone: ()
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o individuals convicted of offenses pursual djudicated guilty or not, and whether the coulf, driving with a suspended license, an confirmations of child abuse. In completing tudents, staff, and visitors.	nt to Wisconsin state law. In the soffense occurred in Wisconsin or in and careless or reckless driving. Al	space provided l another state. In so include anv	below please list a nclude all conviction sealed or expund	Il charges of criminal offense, wheth ons of criminal traffic offenses, such ed convictions and any convictions
lave you ever been CONVICTED, as def nisdemeanor OR are there any criminal cha	fined above, pled no contest, or harges now pending against you oth	ad adjudication er than minor tra	withheld in a cri affic violations?	minal offense, felony, or
f yes, please show date of convictions, the ase (paid fine, guilty, nolo contendere, adju	e town, city, state where it occurred, udication, PTI/PTD, etc.)	, the arresting ag	gency, the specific	offense, and the disposition of the
DATE OF CONVICTION LOCA	ATION/ARRESTING AGENCY	SPECIF	IC OFFENSE	DISPOSITION
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by signing below, I agree to the rules and property of the school board. I understand the school grounds, or a school-sponsored ALSIFICATION OR OMISSION ON AN OFF SROUNDS FOR DISQUALIFICATION FROM F	d that all involvement with student activity. My signature below certifi FICIAL PUBLIC DOCUMENT IS A CR	s shall be under es that I have re	staff supervision viewed the crimin	and is restricted to the school day, or all statement and responded truthful

Date