



The tremendous responsibility St. John's Lutheran School has to its school children and community necessitates conducting background investigations of all potential volunteers. St. John's Lutheran School requires that all volunteers, including field trip chaperones, undergo background investigations. If you intend to serve as a volunteer, then you must complete this form and return it to the school office. All information must be provided and the completed form will be kept on file. The school reserves its right to update its background investigations at any time. Questions concerning this policy should be addressed to the Board for School through Principal Rust. Incomplete forms will be returned.

Last Name _____ First Name _____ Middle Name _____

List any other names used (include nicknames, maiden names or any other). _____

Social Security Number _____ - _____ - _____ Date of Birth: _____ Phone number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to student and/or school: _____

CERTIFICATION STATEMENT: (Read carefully before signing.)

I represent that all of the information provided on this form and to the school as part of this application is true and correct to the best of my knowledge. I understand that my application will not be given further consideration if I have provided any false statements, misrepresentations or omissions during the application process. I understand that false statements, misrepresentations or omissions may be cause for rejection or for subsequent dismissal as a volunteer. I agree that the school, its officers, employees and agents shall not be held liable in any respect if my volunteer status is not considered or is terminated for that reason.

As a volunteer in the school, I acknowledged that if I hold a license or permit to carry a concealed weapon in Wisconsin or any other state that I will not carry such a weapon during the course of performing my volunteer activities with the school.

I state that I have never been formally accused, found guilty or entered a plea in a court of law to any form of child abuse or neglect.

I voluntarily and knowingly authorize any person(s) or entity(ies), its officers, employees and agents to release any and all information regarding my personal or criminal history to St. John's Lutheran School , its officers, employees, and agents.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless St. John's Lutheran School , its officers, agents, and employees, and such person(s) or entity(ies), its officers, employees and agents from any and all claims, liability, demands, causes of action, damages or costs, including attorney fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to disclosure or release of my background information. My failure to disclose or release such information, or St. John's Lutheran School's use or non use of such information.

Signature: _____ Date: _____