

Bowler School District

500 S. Almon Street, P.O. Box 8, Bowler, WI 54416 Phone: 715-793-4101 Fax: 715-793-1302 www.bowler.k12.wi.us

School Volunteer Application Form

Directions: Please complete this School Volunteer Application completely. If you are not employed at the present time, please put a former employment position. Please return to the Bowler School District Office when completed.

Name: _____ Home Phone: _____

Address: _____
Street/Mailing Address City/State/Zip Code

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

Hobbies/Skills/Talents: _____

Days/Times Available (please circle): AM PM

Monday Tuesday Wednesday Thursday Friday

Do you hold any special certificates or licenses? _____

Do you hold a Youth-Elder License? *Yes No

***If yes, please attach a copy of your license.**

Please list three references:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

I hereby provide the Bowler School District this information with the understanding that this information will be used to conduct a criminal background check.

Birth date: _____

Signature: _____ Date: _____

The Bowler School District does not discriminate on the basis of any characteristic protected under State or Federal law including, but not limited to sex, race, color, national origin, ancestry, creed, religion, pregnancy, marital or parental status, sexual orientation, handicap, or physical, mental, emotional, or learning disability, citizenship status, arrest record, conviction record, veteran status, membership in the national guard, state defense force or any other reserve component of the military forces of the United States or this state, or use or nonuse of lawful products off the Bowler School District's premises during nonworking hours.

3. YES NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision: _____

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction: _____

5. YES NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Arrest _____

Details of pending charges: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____, _____.

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____