

Applicant Name _____



**Osceola School District Volunteer Application
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All volunteers are required to complete or update their volunteer applications on an annual basis. Applications may be turned in to any of the school building offices or district office for processing. Upon completion of background checks, volunteer candidates' names will be posted to a district database, and their name and volunteer interests made available to the appropriate building staff. An interest to volunteer is not a guarantee of placement; volunteers are placed on an as-needed basis, with positions filled by candidates that district personnel believe will be 'best fit' for the role.

Basic Information

Today's date: _____

Ms/Mrs/Mr/Dr _____
 First Middle Initial Last

Former/Maiden Name(s): _____

Complete Street Address: _____

Phone (home): _____ Street _____ City _____ State _____ ZIP _____
(work): _____ (mobile): _____

Email address: _____

Age: 18-20 years 21-34 years 35-61 years **62 years & over**

Gender: Male Female

List the name of the school or schools you would like to volunteer: _____

If you are 62 or older and a district resident, are you interested in learning more about the STEP program, which may enable you to receive a property tax credit?

Yes No

Criminal Background

Have you ever been convicted of a felony or misdemeanor, or been on parole or probation? If so, please explain.

By signing below, I affirm that the information provided in this application is true and correct to the best of my knowledge. I understand the information provided on this form will be used to conduct criminal background screening. Any falsification on this application may result in disciplinary action by school administration including termination of the volunteer relationship.

Volunteer's Signature _____ Date _____



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Volunteer Information

Do you have children who attend/will be attending any of our schools? Yes No

Child's name: _____ Grade: _____ Teacher (if known): _____
Child's name: _____ Grade: _____ Teacher (if known): _____
Child's name: _____ Grade: _____ Teacher (if known): _____

Availability/Interests

I would like to volunteer: once a month once a week
 more than once/week for special events/as needed

I would like to volunteer: Weekday Mornings Weekday Afternoons Evenings Weekends

I would like to volunteer in the following area(s):

- classroom assistant
- special events planner/helper
- academic tutor
- other _____
- guest speaker
- community education course instructor
- coach (what sports or activities?) _____
- mentor

What are your particular interests/skills?

Health Information

Who should we contact in case of emergency?

Name: _____ Relationship to you: _____

Phone Contact: Day time #: _____

Cell# _____ Other: _____

Do you have any injuries, illnesses, or physical limitations we should be aware of? Yes No
If yes, please describe. _____

Do you currently have any contagious or infectious diseases? Yes No
If yes, you must provide a doctor's statement verifying that you can work with the public.
Have you been exposed to TB? Yes No
If yes, explain: _____



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Osceola School District Student Privacy Statement and Volunteer Confidentiality Agreement

Students in the Osceola School District have the right to expect that information about them will be kept confidential by all volunteers. Additionally, the U.S. Congress has addressed the privacy-related concerns of educators, parents, and students by enacting the Family Educational Rights and Privacy Act (known more commonly as “FERPA” or the “Buckley Amendment”). Among other provisions, FERPA allows the government to withdraw federal funds from any educational institution, including the Osceola School District, which disseminates a student’s education records without his or her parent’s consent. (Policy #8350)

- Each student with whom you work has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school department employees, as designated by the administrators at your school. Even when discussing a student with those who are directly involved in a student’s education, such as a teacher, principal, head coach (for volunteer coaches) or guidance counselor, you may not share otherwise confidential information with them unless they have a need to know the information in order to perform their professional responsibilities.
- You may not share information about a student even with others who are genuinely interested in the student’s welfare, such as social workers, scout leaders, clergy, or nurses/physicians. (A health or safety emergency where knowledge of the information is necessary to protect the health or safety of the student or others is the only exception.) Thus, you must refer all such questions to the school employees so authorized and indicated to you, typically the student’s teacher or principal.
- Parents, friends, or community members may in good faith ask you questions about a student’s problems or progress. Again, you must refer all such questions to the authorized school employees. You may not share information about a student even with members of your own family or the student’s family.

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Confidentiality Agreement

I, (print name) _____, as a volunteer for Osceola School District, agree not to disclose information about a student's records to anyone other than an authorized school department employee except for a health or safety emergency where knowledge of all information is necessary to protect the health or safety of the student or others. I will refer all requests for such information from those not directly involved in the student's education to authorized school department employees.

Signature _____ Date _____

Verification of Receipt

I hereby acknowledge that by volunteering my time with Osceola School District and signing below, I am verifying that I have received, reviewed, and agree to abide by all district policies expressed or implied in the District Volunteer Handbook, Application, and Confidentiality Agreement.

Further, I agree that all activities undertaken by myself as part of this program are taken at my own risk. I agree that the Osceola School District shall not be liable for any personal injury, property loss, or damage arising from my participation in this program and as a result of the negligence of the School District, its agents or employees. Accordingly, I express release and discharge the School District from all such liability claims. I understand that my signature is required before I am allowed to participate in this program. I have read this agreement carefully and understand its contents. (District Policy 4120.09 – Volunteers)

Signature _____ Date _____

Please return volunteer forms to any school office or the district office for processing.

**Mail to: Osceola School District, Attn: Volunteer Program, P.O. Box 128,
331 Middle School Drive, Osceola, WI 54020**

Office Use Only

Listed Registered Cleared Rejected Processed _____ / _____ By: _____

Notes: _____