

**Osceola School District  
Background Check Request  
ANNUAL VOLUNTEER STATUS**

Full Name \_\_\_\_\_  
(as appears on drivers license)

Former Name/s \_\_\_\_\_  
(if applicable)

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver License # \_\_\_\_\_ State Issued \_\_\_\_\_

Have you lived in another state other than WI/MN? NO / YES

If yes please list state/s : \_\_\_\_\_

**Position Volunteering for:** \_\_\_\_\_

***Your email address to receive a confirmation you have been added to the volunteer list at the school:***

\_\_\_\_\_

**CERTIFICATE OF APPLICANT (Read carefully before signing)**

*I hereby certify that all statements in this application are true, that I have read the volunteer handbook and I authorize permission to conduct a background check and investigate all matters contained in this form.*

*All volunteer information can be accessed at [www.osceola.k12.wi.us](http://www.osceola.k12.wi.us) under the employment tab/volunteer information.*

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Signature & Date

**For confidentiality, submit directly to:** Osceola School District, Attn: District Office, PO Box 128, 331 Middle School Dr., Osceola WI 54020.

District Office will submit Background Check via Corporate Security Solutions, Inc.