

**OCONTO FALLS AREA SCHOOLS
VOLUNTEER INFORMATION SHEET
2016-2017 Washington Middle School**

Office Use Only

Name: _____

Address: _____

Phone: _____

E-Mail: _____

___ **Yes, I would like to be a volunteer.** (Please complete all three pages of this form.)

Preferable Time to Volunteer (circle all that apply):

Best Time to Call: _____

Morning Afternoon Evening All Day

Are You Currently Working?

_____ No _____ Yes Days _____ Hours _____

WMS Student's Name and Grade: _____

<i>Name(s) of School Age Children (First & Last)</i>	<i>Grade</i>	<i>School They Attend</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHECK THE AREAS IN WHICH YOU WOULD BE WILLING TO VOLUNTEER:

- | | |
|---|--------------------------|
| _____ Chaperone dances | _____ Picture Day |
| _____ Fieldtrips (Medieval Times, Railroad Museum, etc.) | _____ Career Day |
| _____ Vision/hearing screening | _____ Book Fair |
| _____ Work in library | |
| _____ Seroogy Fundraiser | _____ Other _____ |

ALL volunteers MUST have this form on file at the Washington Middle School Office.

(Complete reverse side)

Our Schools Are Special, Thanks to You!

Volunteer Emergency Information

Emergency information will be used to best handle any emergency medical situation that may occur while you are volunteering. Such information is totally confidential and will not be released without permission. This information will be retained only for the current school year.

Volunteer's Name:

Name of person to contact in case of emergency:

Telephone No.
(Home)

(Work)

If there is no answer, call (name of relative, neighbor, etc.):

Telephone No.
(Home)

(Work)

I authorize all treatment deemed advisable and suggest:
(name of doctor)

Telephone No.
(Home)

(Work)

OR the Emergency Room at (hospital, clinic, or other)

Volunteer Signature:

Date:

IMPORTANT

If you have any unusual health concerns such as bleeding easily, serious drug allergies, or are not to be referred to a doctor for religious reasons, please explain in the space below.

OCONTO FALLS SCHOOL DISTRICT

Family-Community-School Partnership Team

Our Schools Are Special, Thanks to You!



OCONTO FALLS SCHOOL DISTRICT

200 N. FARM RD
OCONTO FALLS, WI 54154
PHONE: (920) 848-4471

Volunteer Disclosure Form

The responsibility the Oconto Falls School District has to its school children and community necessitates gathering the following information from all prospective volunteers. This information will be requested on a yearly basis and will be stored confidentially at the Oconto Falls Schools District Office. **Please print clearly.**

NAME: _____
 Last First Middle

SOC. SEC. #: _____ DATE OF BIRTH: _____

OTHER NAMES USED (I.E. Maiden Name): _____

DATE OF USAGE: _____

For the safety and security of our students, an authorization to conduct a criminal background check is required of volunteers who will be working directly with students. Building administrators retain the authority to approve all school volunteers and the tasks they perform in the schools.

I hereby give consent to the Oconto Falls School District to conduct a background check.

Signature of Prospective Volunteer

Date

Please return this form to the Main Office of your child's school building.

Our Schools Are Special, Thanks to You!