

Office Use Only

**OCONTO FALLS AREA SCHOOLS  
VOLUNTEER INFORMATION SHEET  
2021-2022 Washington Middle School**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_ **No, I am not available to volunteer.**

\_\_\_ **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:** \_\_\_\_\_

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

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

- |                                     |                        |
|-------------------------------------|------------------------|
| ___ <b>Chaperone dances</b>         | ___ <b>Picture Day</b> |
| ___ <b>Fieldtrips</b>               | ___ <b>ACES Club</b>   |
| ___ <b>Vision/hearing screening</b> | ___ <b>Career Day</b>  |
| ___ <b>Work in library</b>          | ___ <b>Book Fair</b>   |
| ___ <b>Seroogy Fundraiser</b>       | ___ <b>Other</b> _____ |

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

***Our Schools Are Special, Thanks to You!***

(Complete reverse side)

## 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.

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Volunteer's Name:

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Name of person to contact in case of emergency:

Telephone No.  
(Home)

(Work)

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

Telephone No.  
(Home)

(Work)

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

Telephone No.  
(Home)

(Work)

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

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Volunteer Signature:

Date:

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### **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!***