St. John Lutheran Church

8905 St. Johns Road Suring, WI 54174 Office: 920-842-4443



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VOLUNTEER APPLICATION FORM

St John Lutheran Church & School welcomes and appreciates all of the help and support of our many volunteers who assist our students and staff. In an ongoing effort to ensure the safety of our students, staff, and visitors, St John requires all volunteers to complete a volunteer form. St John will run a criminal record check for conviction(s) and pending charges through the Wisconsin Department of Justice Online Record Check System and National Sex Offender Registry.

PLEASE PRINT CLEARLY

LEGAL Name:					
(Last, First, M	iddle – Full LEG	AL Name	e)		
	_ Date of Birth:				Gender:
Other names you have used (Maiden, Aliases, etc.)		MM	DD	YYYY	
Social Security #:	Phone #:			· · · · · · · · · · · · · · · · · · ·	
Street Address:	City, State,	Zip			
Activities/Employee(s) you would like to volunteer for	:				
□ Sports:		□ Field	l Trips		
☐ Classroom:		□ Othe	r:		
Do you have students in St John Lutheran School?	□ YES	□ NO			
If Yes, please list student and grade:					
Do you have a valid Wisconsin Driver's License?	□ YES	□NO			
Are you a registered sex offender? ☐ YES	□ NO				
Have you ever, in your lifetime, been convicted of (or misdemeanors, and/or ordinance violations other than refor battery, disorderly conduct, worthless checks, etc.)	ninor traffic viol				
If yes to either question above, please explain: (include arrest or conviction may not exclude you from voluntee in this statement will exclude you.					

I, as a volunteer for St John Lutheran Church & School, fully understand that this position is strictly on a volunteer basis and therefore entitles me to no pay or wages from St John Lutheran Church & School. I further understand that I am to follow the rules of behavior that are expected of St John staff and other rules as they pertain to my duties. I do understand that my service to St John and my presence in St John as a volunteer is at the pleasure and direction of St John Lutheran Church & School. I understand that I am not an employee of St John Lutheran Church & School and I am not eligible for any employment-related benefits, including, but not limited to, worker's compensation insurance. I understand that I must be familiar with and that I must comply with all Board Policies, while serving as a volunteer at St John.

I authorize St John Lutheran Church & School to review my personal background at St John's expense. I consent to having St John conduct a full and complete criminal background check. I understand that any misrepresentation, or material omission of relevant facts on this form may result in immediate disqualification for any volunteer service within St John Lutheran Church & School. I understand that St John Lutheran Church & School will verify the information I have provided on this form. I hereby release St John Lutheran Church & School, its Board and its agents, as well as providers of information from any liability related to or arising out of furnishing and receiving information related to my background.

Volunteer Confidentiality:

All personal and/or educational information regarding district employees, families, parents, staff, and/or students, which is revealed to a volunteer in the course of his/her service to St John Lutheran Church & School must be regarded as confidential. This includes a student's academic, attendance, disciplinary, health, and medical records; contact information and telephone number; and all other student information. Any information about district employees, families, parents, staff, or students acquired while volunteering must NEVER be communicated beyond the scope of St John personnel who require such information to work with the student. Any violation of this confidentiality shall be considered a gross violation of St John Lutheran Church & School rules and may lead to immediate exclusion from volunteering with St John Lutheran Church & School.

I have read and understand the above:	
Signature: D	ate:
CHURCH & SCHOOL OFFICE USE ONLY	
Signature of Approval:	Date:
This background report expires and is no longer valid after:	(MONTH / YEAR)
Requires School Board Investigation? ☐ YES ☐ NO	
School Board Action: ☐ Approved ☐ Not Approved	
School Board Signature:	
If approved, are there any restrictions? \square YES \square NO	
Please explain:	