

**HAMILTON SCHOOL DISTRICT
Sussex, WI**

**VOLUNTEER BACKGROUND CHECK
(School Volunteer and/or Volunteer Coaches)**

(This information will be sent to the State of Wisconsin Department of Justice and Wisconsin Circuit Court to check for any misdemeanors, felonies, convictions, etc.)

Background checks will be considered in determining if a volunteer application will be accepted in the Hamilton School District.

All candidates desiring to be a volunteer coach or a school volunteer must complete all items on the form. Please print clearly.

Date: _____

Name: _____
Last First Middle/Maiden

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: _____ Male _____ Female

Race*: _____ White _____ Black _____ Asian or Pacific Islander _____ American Indian or Alaskan Native

Phone Number: _____

School(s) Volunteering At: _____

Signature: _____

Completed by Human Resources Office: Date of Check: _____ Status: _____
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*Race and Gender identification is required by the Wisconsin Department of Justice in order to properly carry out the background check.

APPROVED: June 3, 2008
REVISED: August 3, 2011
November 19, 2012
September 6, 2016

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**HAMILTON SCHOOL DISTRICT
Sussex, WI**

**VOLUNTEER LETTER OF UNDERSTANDING
(For Use with School Volunteer or Volunteer Coach)**

Please Print Clearly

I, _____, understand and agree that my involvement as a volunteer with the _____ program in the Hamilton School District is performed with and under the following provisions:

1. I will follow the code of conduct defined in Board policy required of Hamilton School District staff including but not limited to:
 - (a) serve as a role model
 - (b) respect the dignity of students and adults with whom I work
 - (c) maintain a high level of integrity
 - (d) maintain confidentiality regarding student matters
 - (e) avoid any conflict of interest
 - (f) maintain appropriate adult/student relationships
2. I will not be paid any salary or stipend for my services.
3. I will not be eligible for or request any benefits for my services.
4. I will be covered by the Hamilton School District liability insurance.
5. I will assume responsibility for my own personal injuries.
6. I will familiarize myself and adhere to all policies and procedures established by the Board of Education, administration and/or athletic department.
7. I will attend all inservice meetings designed to enhance student relationship skills as deemed necessary by the administration and/or Athletic/Activities Director.
8. I will accept direct and indirect supervision of the supervisor, head coach athletic/activities director and/or principal, as applicable.
9. I understand that the district may do a background check and that it will be considered by the administration in determining whether I will be accepted as a volunteer.
10. I understand the decision of the administration regarding my status or potential status as a volunteer is final.
11. My services as a volunteer may be terminated by building principal or designee at any time without cause.

Signature: _____

Date: _____

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