



VOLUNTEER PROCESS

For the safety of our students, school volunteers will be required to submit to a criminal background check prior to any volunteer activity per Hartford Union High School District Board of Education School Board Policy 8120:

<http://www.boarddocs.com/wi/huhs/Board.nsf/goto?open&id=AG8T6J6550DD>

Due to the turnaround time, volunteers may be asked to submit to a criminal background check well in advance of volunteering at or for the school. Under no circumstance will an individual be permitted to volunteer prior to the completion of a criminal background check and approval by the District.

ONLINE BACKGROUND CHECK

The potential volunteer applicant will be responsible for signing off on the Disclosure and Authorization for Background Screening form. Personal information will be submitted by Human Resources for the purpose of completing the background check.

I understand that my name, date of birth, driver’s license number, and social security number will be submitted for a statewide criminal records check and driving record. I understand and agree that my final placement as a volunteer will be conditional upon a determination that I have NOT BEEN ARRESTED OR CONVICTED of any crime against children, crime of violence, sexual crime, or any offense that would, in the judgment of the District, make it inappropriate for me to have contact with members/students of the group as a volunteer. The District Administrator or designee shall have sole discretion to determine whether information obtained through the background check process disqualifies an individual from serving as a volunteer within the District, or may place restrictions on the type of volunteer service the individual may provide. I further understand that a records check may be performed at any time during my tenure as a volunteer working in the District.

INFORMED CONSENT

(This Section Must Be Completed by the Individual Volunteer.)

I _____, offer to volunteer my services to the Hartford Union High School District. I understand that I am working at all times on a voluntary basis and will not be paid a regular salary and/or stipend for work done. I understand some Volunteers may be paid a discretionary stipend based on summer camp profitability. Discretionary stipends are not guaranteed and require recommendation from the Head Coach and approval by the Athletic and Activities Director. I also understand that this agreement can be cancelled at any time by the District or me.

If I am injured while volunteering for the District, I MAY be covered by worker’s compensation insurance. In order to be eligible for such coverage, I understand that I must follow the guidelines, policies, procedures, rules for safety, and any other regulations established by District. I understand that I shall obtain my own medical insurance coverage for myself.

I release the District, its employees, agents, board, administrators, supervisors, coordinators, and volunteers from any liability for loss or injury to myself or property which might occur due to negligence or other acts or omissions. This release applies to any losses or injuries which may occur as a result of, or during my participation in, volunteer service.

I realize that this release is a binding contract. I have read and understand it. I knowingly and voluntarily sign below. The District may use my photograph for any official District publication and/or production.

Volunteer Signature: _____ **Date:** _____

Parent/Guardian Signature if Minor: _____ **Date:** _____