



WILLIAMS BAY SCHOOL DISTRICT

Volunteer Information Form

Date _____

Birthdate _____

Building to Volunteer _____ District Office _____ Elementary _____ Middle School _____ High School

Social Security Number _____ Driver's License No. _____

Full Legal Name _____

Address _____
Street or PO Box _____ City _____ State _____ Zip _____

Home Phone (include area code) _____ Cell Phone (include area code) _____

Please check days you are available _____ Mon _____ Tues _____ Wed _____ Thur _____ Fri

In the last 5 years, have you lived or worked outside the State of Wisconsin? _____ Yes _____ No

If yes, please indicate where and when _____

Names of your children enrolled at WBSD _____

Please list the hours you are available (i.e. 8-11 a.m., 1-3 p.m.) _____

Criminal Information Records Check

The Williams Bay School District conducts a criminal information records check of all staff and volunteers to ascertain whether the circumstances of a criminal conviction, or a pending criminal charge, substantially relate to working with students.

Confidential Information

Protecting and maintaining confidentiality is the professional responsibility of every person assigned to work within the Williams Bay School District, whether an employee or a volunteer. Inasmuch as confidential information is a daily part of the normal course of business within the Williams Bay School District, all volunteers are expected to abide by the following guidelines and to extend every effort possible to protect this information.

Guidelines

- Refrain from discussing information regarding a student, district employee, or administrator in open areas, the teachers' lounge, classroom, hallway, etc. Do not have conversations mentioning student names where other students, faculty, staff, or visitors may overhear what is being discussed. It is best to use a private office for these types of conversations.
- Be especially cognizant of leaving sensitive or confidential information accessible to others in your classroom or work area (i.e. student records, gradebooks, test results, disciplinary actions, performance evaluations, etc.) Keep individual student information in a locked cabinet, especially when you are out of the classroom. It is best to keep cabinets locked at all times.
- If the need arises to communicate with another individual regarding a student, sensitive issue, a member of the staff, etc. please schedule a face-to-face meeting rather than using email or voice mail. These systems are not completely protected and can be subject to breaches of security. **Email and voice mail messages can be requested as legal documentation. Deleted emails and voice mails can still be retrieved from the district server if subpoenaed by a court of law.**
- Information confidential to the Williams Bay School District should never be discussed outside the workplace.

Any questions or concerns regarding any exceptions to the statement of confidentiality should be discussed with the building or district administrator.

I have read and fully understand these Guidelines for Confidentiality. As a district volunteer, I understand it is my responsibility to follow these guidelines in protecting and maintaining confidential information within the Williams Bay School District.

Volunteer Signature

Date Signed

Print Name

Personally identifiable information collected on this form will only be used to best handle any emergency medical situation that may occur. Such information will not be released without permission, will be kept in a confidential file, and will be retained only for the duration of the volunteer's service with the district.

Emergency Contact Information

Name of person to contact in case of emergency: _____	Telephone No. (include area code) Home: _____
Relationship to volunteer: _____	Work: _____
If no answer, call _____	Telephone No. (include area code) Home: _____
Relationship to volunteer: _____	Work: _____

If you have any unusual health issues such as easily bleeding, serious drug allergies, or are not to be referred to a doctor for religious reasons, please check the box and describe the situation below:

<input type="checkbox"/>	Explanation: _____
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OPTIONAL

I am taking medication on a continuing basis for the following conditions:

Medication:	Condition:

Volunteer Signature

Date Signed _____

Print Name

For Office Use Only

Building Administrator's Signature

Date Signed _____

Business Office Approval

Date Signed _____