

**PARTNERS IN EDUCATION VOLUNTEER PROGRAM  
APPLICATION AND SECURITY FORM  
530 EXHIBIT B**

Thank you for your dedication to the young people of St. Croix Falls School District. To assure that we are providing the best service and safety to our students it is required that you complete the following information.

Full Name \_\_\_\_\_ Phone # \_\_\_\_\_

Birth Date \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Number of years at this address \_\_\_\_\_

Have you ever, in your lifetime, been convicted of or do you have any charges pending for felonies, misdemeanors and/or ordinance violations other than minor traffic violations? This includes all court addressed charges such as disorderly conduct, battery, worthless checks, etc. YES\_\_\_ NO\_\_\_. If yes, please explain. Prior convictions may not exclude you from volunteering in our schools. Misrepresentations on this statement will exclude you.

Please list two references

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I hereby authorize the School District of St. Croix Falls to review my personal background. I consent to having the School District of St. Croix Falls conduct a full and complete criminal background check. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service within the School District of St. Croix Falls. I understand that the School District of St. Croix Falls will verify the information I have provided above. I hereby release the District, it's Board, and it's agents, as well as all providers of information, from any liability related to furnishing and receiving information related to arrest and convictions. I understand this information is a necessary precaution, which will allow me to volunteer at the school, and is for the safety and benefit of the students, the school, and myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the School District of St. Croix Falls, P.O. Box 130, 740 Maple Drive, St. Croix Falls, WI 54024.

For elementary school volunteers or Reading Friends, send Attn: Elementary School Principal; middle school volunteers, send Attn: Middle School Principal; for high school volunteers, send Attn: High School Principal; for athletic volunteers, send Attn: Athletic Director.

Adopted: May 11, 2004