

1120 Metomen Street
P.O. Box 991
Ripon, WI 54971-0991



(920) 748-4600
Fax (920) 748-2715
www.ripon.k12.wi.us

September 2017

Dear Prospective Volunteer,

To ensure the safety of all the students in our schools, the Ripon Area School District requires all persons interested in volunteering to complete a background check. The background check requires the applicant's full name, date of birth, social security number, driver's license, and addresses for the last ten years.

The District uses all information collected, including the initial information, namely the applicant's full name, date of birth, social security number, driver's license, and the addresses for the last ten years, solely to verify the information disclosed on this form and to facilitate any search for additional information related to an applicant's pending charges, prior convictions, or driver's record. The District, pursuant to the federal Privacy Act, is required to inform the applicant that providing his/her social security number on this form is voluntary. Failure to provide the requested information will preclude a person from volunteering in the schools.

All information received or gathered through this process is governed by the laws of the State of Wisconsin and the District's confidentiality policies in order to protect the volunteer and the students served in the District. The completed background check report is reviewed by a minimal number of persons. Individuals with reports containing information to be concerning may be provided an opportunity to meet with District office administrators to explain the situation. Please contact JJ Gutman, Business Manager if you have any questions.

Sincerely,

Mr. JJ Gutman
Business Manager

Dr. Mary Whitrock
Superintendent of Schools

1120 Metomen Street
P.O. Box 991
Ripon, WI 54971-0991



(920) 748-4600
Fax (920) 748-2715
www.ripon.k12.wi.us

2017-18 Volunteer Application

(for background check purposes)

Applications **MUST** have all information completed, including social security number, date of birth, and driver's license number. Incomplete applications will be discarded. Due to the nature of the information, volunteers are encouraged to return forms to the District office. Background checks are valid for three years from approval date.

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Parent/Classroom Volunteer | <input type="checkbox"/> Chaperone |
| <input type="checkbox"/> BRAVE Program Volunteer | <input type="checkbox"/> STEP Program Volunteer |

Last Name	First Name	Middle Name	Social Security #	Date of Birth
Maiden Names/Other Names		Drivers License #		State of Issue
Address		City	State	Zip
Have you ever been convicted of a violation of law, including a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain.		
Are any criminal charges or proceedings pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain.		

Please list all of your residential history for the past **ten** years. If there is not enough room, continue on a separate sheet of paper.

Years at Address	Address	City	State	Zip
Years at Address	Address	City	State	Zip
Years at Address	Address	City	State	Zip

I certify that the above information is accurate and complete.

_____ Signature

_____ Date

_____ Phone Number