

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



(920) 748-4600  
Fax (920) 748-2715  
[www.ripon.k12.wi.us](http://www.ripon.k12.wi.us)

*"Excellence through innovation."*

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## Volunteer Background Check Application

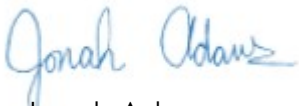
Applications **MUST** have all information completed. Incomplete applications will be discarded. Due to the nature of the information, volunteers are encouraged to return forms to the district office. Background checks are valid for three years from the approval date. Applications take approximately two weeks to complete, please plan accordingly. Applicants will receive notification through email once an Administrator reviews the application.

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, and addresses for the last ten years.

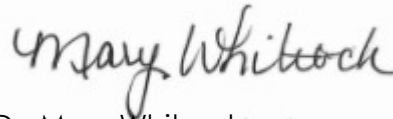
The District uses all information collected, including the initial information, namely the applicant's full name, date of birth, social security number, and the addresses for the last ten years, solely to verify the information disclosed on this form and to facilitate any search for additional information related to an applicant's pending charges or prior convictions. 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 Jonah Adams, Business Manager if you have any questions.

Sincerely,



Mr. Jonah Adams  
Business Manager



Dr. Mary Whitrock  
Superintendent of Schools



## BACKGROUND CHECK APPLICATION

Applications **MUST** have all information completed. Incomplete applications will be discarded.

**Due to the nature of the information, please return this form to the district office. Background checks are valid for three years from the approval date. Applicants will receive notification through email once an administrator reviews the application.**

**Please indicate why you need a background check completed:**

**District Employment:** Your Position: \_\_\_\_\_ Building: \_\_\_\_\_

**Volunteer (Please check all that apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> BRAVE/STEP Program Volunteer  | <input type="checkbox"/> Classroom Volunteer       | <input type="checkbox"/> Coach Volunteer  |
| <input type="checkbox"/> Hosting Volunteer             | <input type="checkbox"/> College Student Volunteer | <input type="checkbox"/> Driving Students |
| <input type="checkbox"/> Summer Food Service Volunteer | <input type="checkbox"/> Other: _____              |   |

PERSONAL INFORMATION				
Last Name	First Name	Middle Name		
Maiden Names/Other Names	Date of Birth	Social Security # (full # required to process)		
Phone Number	Email Address			
Have you ever pled guilty, or no contest, to or been convicted of an ordinance violation, misdemeanor, or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.			
Do you have any pending criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.			
CURRENT ADDRESS				
Years at Address	Current Address	City	State	Zip
PREVIOUS ADDRESSES				
Please list all of your residential history for the past <b>ten</b> years. If there is not enough room, continue on a separate sheet of paper.				
Years at Address	Previous Address	City	State	Zip
Years at Address	Previous Address	City	State	Zip
Years at Address	Previous Address	City	State	Zip

*I certify that the answers to all the questions on this application are to the best of my knowledge and are accurate. I have not knowingly withheld any pertinent facts or circumstances.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date