

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



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

"Excellence through innovation."

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, 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

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2019-20 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 must be returned prior to May 22, 2020 to volunteer for the 2019-20 school year as the processing and approval process takes approximately two weeks to complete. Applicants will receive notification through email once an Administrator reviews the application.

Please check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Parent Volunteer | <input type="checkbox"/> Chaperone | <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 |

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 ten 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