

PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT

100 West Monroe Street
Port Washington, WI 53074-1292

Telephone (262) 268-6000
Fax (262) 268-6020
Web www.pwssd.k12.wi.us

VOLUNTEER/EXTENDED CHAPERONE APPLICATION FORM

<i>GENERAL INFORMATION</i>				
NAME			DATE	
SCHOOL(S) REQUESTED: Dunwiddie Lincoln Saukville Thomas Jefferson Middle Port Washington High				
VOLUNTEER ASSIGNMENT REQUESTED:				
HOME ADDRESS				
Street		City		State ZIP
TELEPHONE	() Home	() Cell Phone	E-MAIL ADDRESS	

<i>EMERGENCY CONTACT</i>	
NAME	
PHONE	CELL PHONE

What previous experience do you have working with youth? _____

Are you currently subject to a pending charge for any type of felony, misdemeanor, municipal ordinance violation, or any other like offense (other than a parking ticket or non-criminal traffic citation)? Yes No

If yes, please provide an explanation, including offense(s) and date(s): _____

<i>REFERENCES</i>			
<i>Please include two persons we may contact regarding your ability to work positively with youth.</i>			
NAME	ADDRESS	POSITION/TITLE	TELEPHONE NO.

<i>AUTHORIZATION</i>

My signature certifies that all statements made on this application/request and in all other materials submitted to support my volunteer application are true and complete. I agree that misrepresentation of information contained in the application materials may be cause for the District to elect to not allow me to volunteer. I agree that the Port Washington-Saukville School District, or its representatives, shall not be held liable in any respect if my application is not considered or my volunteer assignment is terminated, at any time, because of false statements, answers or omissions made by me in this application. A copy of this authorization and release is as valid as the original and should be recognized as such.

I agree to conform to the rules, regulations and policies of the Port Washington-Saukville School District. I also agree to abide by the confidentiality statement below.

Signature _____ Date _____

CONFIDENTIALITY STATEMENT: As a volunteer within the School District, I understand the importance of confidentiality. I understand and agree to only discuss student issues or concerns with the student's teacher and/or principal. Volunteers who violate confidentiality will be asked not to provide services to the District.

The Port Washington-Saukville School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of Special Services, Port Washington-Saukville School District, 100 W. Monroe Street, Port Washington, WI 53074 - Duane.Woelfel@pwssd.k12.wi.us