

**Authorization of Disclosure and Release of Information
Stoughton Area School District
Offsite Volunteers/Chaperones**

In connection with my association with the Stoughton Area School District , I authorize the Stoughton Area School District and/or Fidelitec, LLC, to investigate and retrieve information relating to my past activities for purposes of such investigation from all relevant individuals and organizations, including but not limited to government agencies, companies, law enforcement agencies, and consumer reporting agencies, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, criminal records and related offenses. I understand that I have the right to request additional information about these inquiries and any subsequent reports. This additional information will be provided to me upon written request to Fidelitec, LLC, 245 Horizon Drive, Suite 107, Verona, WI 53593.

I hereby certify that all the statements and answers made by me, both verbal and in writing, including statements on this form are true and complete to the best of my knowledge, and I understand that any false statements and/or answers or omissions of information on this form will be sufficient cause for cancellation of assignment consideration if I have been assigned to volunteer/chaperone. I understand that by furnishing my birth date below, Stoughton Area School District and/or Fidelitec, LLC, are using that information for the sole purpose of verifying identification as part of the criminal records check and the birth date is not part of my application for a volunteer assignment. I release all parties for all liability for any damage that may result from furnishing information, including this disclosure of my date of birth and this authorization to Stoughton Area School District and/or Fidelitec, LLC.

I authorize that a photocopy or fax of this authorization be accepted with the same authority as the original; and that this authorization be in effect for four (4) years or the term of my approval.

Confidentiality Agreement

I understand that in providing my services as a chaperone/volunteer with Stoughton Area School District, I will respect the confidential nature of the knowledge I will gain concerning the academic performance, behavior and personal information of the children with whom I work. If a child tells me something or I notice something that may indicate his/her safety is at risk, or he/she is in emotional distress, I will report the information to appropriate school personnel.

I understand that the volunteer screening process may include both criminal background checks and reference checks.

Signature

Date

Form should be submitted directly to Jenny McKenna at 320 North Street or via fax at 608.877.5018.

STOUGHTON AREA SCHOOL DISTRICT

OFFSITE VOLUNTEER/CHAPERONE BACKGROUND CHECK

*Allow **at least 3 WEEKS** for processing*

*Email confirmation will be sent &
**approval will be effective for any event/building in the district, for 4 years unless otherwise approved*

(As required by certain Department of Transportation laws and District Field Trip policy, background checks will be completed by use of this form.)

PLEASE CHECK ALL THAT APPLY:

Offsite Volunteer/ Chaperone for:

_____ Building _____ Teacher _____ Trip Date

Volunteer Other Event: _____

| | | | | | |
|------------------|------------|--------------------------------------------------------------|----------------|------------------------|----------------------------------------------------------------------|
| Last Name | First Name | MI | Former Name(s) | Social Security Number | Date of Birth (m/d/y) |
| Address | | City | | State | Zip Code |
| Telephone Number | | Email Address (used to send approvals and renewal reminders) | | | Sex <input type="checkbox"/> Female <input type="checkbox"/> Male |

You are asked to provide information about any conviction records or pending charges. This information will be retained in your file and kept **confidential**.

- 1) Do you have any **pending** criminal or municipal ordinance charges for an offense including traffic but not parking or speeding? Yes No
- 2) Have you been **convicted or fined** for any offense including traffic but not parking or speeding? Yes No

I state that all the information on this form is true and complete to the best of my knowledge, and I understand that any falsification or omission of information may disqualify me from transporting or chaperoning students.

Signature _____ Date _____

*NOTE: This form must be renewed **every four (4) years** and filed with the Business Services Office of Stoughton Area School District, 320 North Street, Stoughton WI 53589.*