



School Volunteer Orientation Checklist

Gale-Ettrick-Trempealeau School District

I, the undersigned, volunteer at _____ School.

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application to volunteer. I agree to provide any information needed by the school district to conduct the background investigation.

Do you have any pending criminal charges, or have ever pleaded guilty to or been convicted of a misdemeanor or felony? ☐ Yes ☐ No

If yes, provide a brief description of the circumstances that led to the conviction:

I hereby agree to hold the district and its employees harmless from liability for any injuries I may sustain while carrying out my volunteer's duties. I agree to indemnify and hold the Gale-Ettrick-Trempealeau School District, its agent, officers, employees and affiliates harmless from and against any and all loss, damage, cost or expense (including reasonable attorney's fees) resulting from or arising out of my volunteer work for the School District.

I have read and understand the information in the parent/student handbook.

Volunteer Signature Date

Printed Name: _____ Birthdate: _____

For Office Use Only

Staff Signature (provided orientation)
☐ Parent/Student Handbook given to volunteer

Date

WCCAP(<http://wcca.wicourts.gov/index.xsl>) _____
Date

USDJ-Dru Sjodin National Sex Offender website(<http://www.nsopr.gov>) _____
Date