



WAUSAU SCHOOL DISTRICT

Longfellow Administration Center

415 Seymour Street • P.O. Box 359 • Wausau, WI 54402-0359 • (715) 261-0500 • Fax (715) 261-2503 • www.wausau.k12.wi.us

CRIMINAL INFORMATION RECORDS CHECK ACKNOWLEDGMENT

I, the undersigned, acknowledge that the Wausau School District will perform a Criminal Information Records Check, which will reveal whether or not I have a conviction/pending charge of a criminal nature against me. I understand that the results of the Criminal Information Records Check may affect my eligibility to serve as a volunteer with the Wausau School District. If I am convicted on a charge of a criminal nature after this background check is complete, I agree to notify the Wausau School District Human Resources Department immediately.

This check is in accordance with the Wausau School Board Policy # 1330.

Volunteer's Legal Name (Please Print)

Social Security Number

Volunteer's Maiden Name (Please Print)

Birth Date

_____ Female _____ Male

Street Address

School(s) Volunteering At

City, State, Zip Code

Signature of Volunteer

Date

**Please return this form to the Longfellow Administration Center, Attention: Wendy Bruns, Human Resources. The form can either be mailed or dropped off.

Thank you.