

**SCHOOL DISTRICT OF SHEBOYGAN FALLS  
APPLICATION/INFORMATION RECORD**

**VOLUNTEER**

**PERSONAL INFORMATION**

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State/Zip

Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Position Volunteering for: \_\_\_\_\_ Bldg.: Elem. / M.S. / H.S.

Are you below the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, are you legally authorized to work in the United States Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, how would the nature of the conviction relate to the job you are applying for? \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_  
Name

\_\_\_\_\_ City State

College \_\_\_\_\_  
Name

\_\_\_\_\_ City State

**REFERENCES**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please indicate a person who could be contacted in case of an emergency.

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**COACHING EXPERIENCE (complete if volunteering for coaching position)**

Who/Where did you coach?	Sport	Dates
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

**PLAYING EXPERIENCE (complete if volunteering for coaching position)**

	Sport	Dates
HIGH SCHOOL	_____	_____ to _____
	_____	_____ to _____
COLLEGE	_____	_____ to _____
	_____	_____ to _____

**OFFICIATING CERTIFICATIONS (complete if volunteering for coaching position)**

Sport	Dates
_____	_____ to _____
_____	_____ to _____

**CERTIFICATION INFORMATION**

Are you now or have you ever been certified as a teacher in Wisconsin? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you PACE or ASEP certified? Yes \_\_\_\_\_ (circle which one) No \_\_\_\_\_

When did you receive the certification? Date \_\_\_\_\_

Have you been approved by the W.I.A.A.? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*The School District of Sheboygan Falls shall not discriminate on the basis of gender, race, national origin, ancestry, religion, age, sexual orientation, pregnancy, marital or parental status, or physical/mental/emotional/learning disability in its educational programs, activities or employment.*

*If you have any questions or concerns regarding this policy, please contact the Title IX Coordinator; District Office; School District of Sheboygan Falls, 220 Amherst Avenue; Sheboygan Falls, WI 53085 or call 920-467-7893.*

**PER SCHOOL BOARD POLICY #831 (G):** Effective August 22, 1990, all the buildings, grounds, vehicles and any and all facilities owned by the School District of Sheboygan Falls and all such buildings, grounds, vehicles and any and all facilities under the care, custody or control of the district shall be declared tobacco free.