

SCHOOL DISTRICT OF CRANDON

9750 US HIGHWAY 8 W
CRANDON, WI 54520-8499



To empower and inspire lifelong learners in a safe
school community

www.sdofcrandon.com

Kirby Schultz
Interim District Administrator
715-478-3339 Ext. 6020

Rebecca Jablonski
Director of Pupil Services
715-478-3339 Ext. 6054

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Director of Curriculum & Instruction/
District Assessment Coordinator
715-478-3339 Ext. 6104

Tina Strong
Elementary Principal
715-478-3339 Ext. 6222

Josh Jaeger
Middle/High Principal
715-478-3339 Ext. 6504

Scott Farmer
Middle/High Dean of Students
715-478-3339 Ext. 6503

Rebecca Gerow
EL Dean of Students
715-478-3339 Ext. 6025

Dear Parents, Caregivers, Community Members of the School District of Crandon:

The academic success and growth of our students are our primary goals at the School District of Crandon. We believe you and our faculty share a common goal - educating our students to become active, productive, and happy contributing members in our community, state, and nation.

Some children need individualized attention or small group activities to reinforce academic learning. We know all students flourish when positive and encouraging attention is shown by adults in their lives. Some of the additional individualized or small group attention to student growth can be provided by caring, thoughtful and mature volunteers.... just like you!

You may have time and talents in numerous areas which would help us with our students. Perhaps, supervision on a field trip, working at an athletic event, working at musical events/concerts/student performances or reading to students. Please tell us if you have special interests or if you just want to help our students in any way you can.

If you are interested in serving as a volunteer at Crandon Schools, we would be delighted to hear from you. Applicants for serving as a volunteer should complete the following:

- *Volunteer Agreement*
- *Volunteer Information Form*
- *Background Check Form*
- *Carefully read and abide by the School Volunteer Reminders*

The School District of Crandon shall complete a thorough background check on all volunteer applicants. The safety and attentive care of students required by the School District of Crandon cannot be compromised. The District Administrator shall review all applications and approve or deny each applicant. The District Administrator's decision shall be final.

Thank you very much for your willingness to support and encourage our students. Please consider applying to be a School District of Crandon volunteer and enjoy the wonderful process when young people smile, grow, learn, and laugh.

Sincerely,

*Kirby Schultz
Interim District Administrator*

SCHOOL DISTRICT OF CRANDON

9750 US Highway 8 West
Crandon, WI 54520

ONE FORM PER PERSON

VOLUNTEER AGREEMENT

Print Full Name _____ Middle _____
(as listed on driver's license)

Address _____

City/State _____ Zip Code _____

Phone Number _____ Driver's License Number _____

Date of Birth _____

Student's Name(s) and Grade(s) _____

Teacher's Name(s) _____

I, _____, understand and agree that my involvement as a volunteer with the School District of Crandon is performed with and under the following provisions:

1. My services as a volunteer are at the request, knowledge and control of the School District of Crandon through its administration or teaching staff.
2. I will not be paid any salary or stipend for my service.
3. I will not be eligible for or request any benefits for my services.
4. I will be covered by the School District of Crandon's liability insurance.
5. I will familiarize myself with and adhere to all policies and procedures established by the School District of Crandon Board of Education and administrative staff.
6. I am aware that the School District of Crandon shall do both a criminal and non-criminal background check. I am aware that the District Administrator's approval or denial of my volunteer application shall be final.
7. Information that I may learn about other children or their families in my role as a volunteer shall be kept **confidential**. If I have concerns about anything that occurs during the time I am serving as a volunteer, I will bring them to the attention of the classroom teacher, the person supervising the activity, or the building principal.

I understand any false statement or misrepresentation of facts are grounds for dismissal. I hereby certify that the statements above are true and correct to the best of my knowledge and belief.

Signature

Date

Activity (Activities) / School(s)

Administrator's Signature

Complete BOTH sides of this form.

Office Use Only	Original: District File <input type="checkbox"/>
Approved / Denied	Date: _____ Initials: _____ Recorded: _____

School District of Crandon Volunteer Information Form

Your name: _____

Phone Number: _____

Email: _____

Best way and time to contact you: _____

Circle the age groups and/or subjects (MS/HS) you would like to work with:

Kindergarten 1st Grade 2nd Grade 3rd Grade

4th Grade 5th Grade Any Elementary Grade

Middle School: Reading/Language Arts Math

High School: Reading/Language Arts Math

Chaperone Only

RETURN completed sheet to Lisa Walentowski at
walenlis@sdoofcrandon.com or send by mail to:

9750 US HWY 8W

Crandon, WI 54520

You may also drop off completed sheet at school to be delivered to Lisa.

If you have any questions, please feel free to contact Lisa Walentowski at
walenlis@sdoofcrandon.com or the School District at 715-478-3339.

Criminal Background Check

May we conduct a personal background check, including contact of your references named on the application as well as present and previous employers including reports of municipal, state and federal law enforcement agencies, Selective Service System, and review other records related to this position?

_____ Yes _____ No (If no, please explain)

Have you ever been convicted of a crime or are there any charges pending? ____ yes ____ no

If yes, Please explain in full detail:

Have you ever lived outside the state (after age 18) ____ yes ____ no

If yes, please list city and state _____

I do hereby provide the School District of Crandon with my birth date and social security number with the understanding that this information will be used to conduct a criminal background check.

Print Name Clearly _____
First Name Middle Name Last Name

Birth date: _____ Social Security Number: _____

List any other names you have used (e.g. alias, Maiden Name) _____

CERTIFICATION STATEMENT: Please read, sign, and date the following statement. I certify that I have fully read this application form and that all answers to questions in this application are true and completed to the best of my knowledge. I agree and fully understand that it is my responsibility as an applicant to provide complete and accurate information regarding my past history, licensure, license revocation, and any convictions and that failure to do so may be just cause to terminate employment. I understand that any misstatements or omissions of material fact may disqualify me for this position.

Signature _____ Date _____