



I authorize the School District of Beloit Turner to review my personal background. I consent to having the District conduct a full and complete criminal background check. I understand that any misrepresentation, or material omission, of relevant facts on this form may result in immediate disqualification for any volunteer service within the School District of Beloit Turner. I understand that the School District of Beloit Turner will verify the information I have provided on this form. I hereby release the District, its Board and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions.

Have you completed a School District of Beloit Turner Volunteer Disclosure Form in the last year?

YES

NO

Volunteer Confidentiality Policy

All communication of personal and/or educational information regarding district employees, families, parents, staff, or students must be regarded as confidential. This includes a student's academic, attendance, disciplinary, health, and medical records; contact information and telephone number; and all other student information. Any information about district employees, families, parents, staff, or students acquired while volunteering must NEVER be communicated beyond the scope of District personnel who require such information to work with the student. Any violation of this confidentiality policy shall be considered a gross violation of District rules and may lead to immediate exclusion from volunteering with the School District of Beloit Turner.

I have read and understand the above.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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DISTRICT OFFICE USE:

Background Check Ordered: \_\_\_\_\_

Background Check Received: \_\_\_\_\_

District Administrator Action:

Approved

Not Approved

\_\_\_\_\_  
*District Administrator Signature*

\_\_\_\_\_  
*Date*