



School District of Weyauwega-Fremont

Scott Bleck, District Administrator

P.O. Box 580, Weyauwega, WI 54983-0580

Phone: (920) 867-8800 Fax: (920) 867-8815

APPLICATION FOR VOLUNTEER SERVICES TO THE DISTRICT

This form is intended for the safety of our community and our children. As a prospective employee or volunteer for the School District of Weyauwega-Fremont, we would appreciate the opportunity to perform a background check (Department of Justice and Wisconsin Circuit Court Access). All information is confidential. Any information received will be shared with the applicant upon request.

Please print your full name (with middle initial and maiden name, if applicable):

Street Address: _____

City, State, Zip Code: _____

Previous Address (if under 5 years):

Telephone (home): _____ Daytime Phone (if different): _____

Social Security Number: _____ Date of Birth: _____

Have you ever been convicted of a violation of any law or ordinance or convicted of any crime or misdemeanor other than a minor traffic violation? Yes No If yes, please explain _____

VOLUNTEERING PREFERENCE:

Fremont Elem. Weyauwega Elem. W-F Middle School W-F High School Athletic Dept.

(Signature)

(Date)