



*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

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**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:** \_\_\_\_\_

Please print your 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.  Student Teacher  Step Worker

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(Signature)

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(Date)