



Mount Horeb Area School District

Dr. Wayne R. Anderson, Superintendent

Theresa Daane
Director of Student Services

Jarred Burke
Director of Curriculum & Instruction

Scott DeYoung
Business Manager

Dear Potential Mount Horeb Area School District Volunteer,

Attached you will find the form for the Mount Horeb Area School District Volunteer Background Check Information. All volunteers, new and returning, are asked to complete this form annually.

Please complete only one form, even if you intend to volunteer in more than one building. Please include the names of all your students on one form. Return the form to the building where you think you will do the most volunteering. You will only be contacted if your approval to volunteer is denied.

Please note: If you wish to volunteer at the Early Learning Center (ELC), Primary Center (PC), Intermediate Center (IC), Middle School (MS) or High School (HS), which may have their own volunteer information form, you may need to complete an additional form.

Please contact the building principal with any questions concerning their school's volunteer program or this background check.

Rachael Johnson ELC/PC 437-2400 ext. 6106 or 5103
Ann Fenley IC 437-2400 ext. 4101
Jeff Rasmussen MS 437-2400 ext. 3205
Stephanie Spoehr HS 437-2400 ext. 2112

Thank you for your work with and for the children of the Mount Horeb Area School District.

MOUNT HOREB AREA SCHOOL DISTRICT
VOLUNTEER BACKGROUND CHECK INFORMATION

Dear Interested Volunteer,

One of the wonderful things about the Mount Horeb Area School District is the opportunity for community members to participate in the life of the school and contribute to the success of our children's learning. We feel our volunteers are an important and essential part of our schools. Our goal is to provide an experience for the volunteer that is respectful and satisfying. Thank you for annually completing the following information.

Name _____ Date _____
Last Name First Name Middle Initial

Volunteer Date of Birth _____

Address _____

Phone Number (daytime) _____ (evening) _____

Email Address _____

Name of Student(s) For Whom You Will Volunteer: Please Circle Your Student(s) School

_____	ELC	PC	IC	MS	HS
_____	ELC	PC	IC	MS	HS
_____	ELC	PC	IC	MS	HS
_____	ELC	PC	IC	MS	HS

To ensure the safety and well-being of our students and staff, the Mount Horeb Area School District conducts criminal background checks on all of its employees and volunteers prior to the start of employment or volunteer service. The checks are done through the following websites:
<http://offender.doc.state.wi.us/public/> and <http://wcca.wicourts.gov/index.xsl>.

I authorize the Mount Horeb Area School District to complete a criminal background check on me. I understand that my status as a volunteer is contingent on a satisfactory outcome of this search.

Volunteer's Signature _____

For Office Use Only

APPROVED NOT APPROVED

Principal's signature _____ Date _____