

**RICHLAND SCHOOL DISTRICT**  
**1996 US Highway 14 West**  
**Richland Center WI 53581**

**VOLUNTEER AGREEMENT**

**Volunteer completes this form and submits to building level administrator.**  
**Building level administrator sends copy to District Office.**

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Building/Activity Volunteering In \_\_\_\_\_

\_\_\_\_\_ I am a first time volunteer with the District

\_\_\_\_\_ I plan to volunteer for 30 hours or more during the school year

\_\_\_\_\_ I have taken the ASEP certification course (volunteer coaches only)

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In consideration of my approval as a volunteer, I agree to:

- Conform to District policies/Athletic Handbook regulations.
- Reinforce skills taught by District staff.
- Abide by all applicable laws and administrative procedures.
- Maintain confidentiality regarding information seen or heard while volunteering.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am approved, my volunteering services may be terminated at any time. I also agree that my services can be terminated with or without cause and with or without notice at any time, at either my or the District's option. I hereby authorize the Richland School District to conduct a criminal background check before my approval as a school volunteer, and periodically thereafter as per Board Policy 1009-10 C.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security or Driver's License Number \_\_\_\_\_

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**OFFICE ONLY**

☐ Approved ☐ Denied Level Administrator \_\_\_\_\_ Date \_\_\_\_\_

☐ Approved ☐ Denied District Administrator \_\_\_\_\_ Initials

If Approved, What Restrictions: \_\_\_\_\_