

**MADISON METROPOLITAN SCHOOL DISTRICT  
VOLUNTEER DISCLOSURE STATEMENT**

**IMPORTANT INFORMATION – PLEASE READ CAREFULLY**

**After reading this form, if you are unsure of how to complete it, or if you would like any information clarified, please ask for assistance in Human Resources before filling it out.**

The responsibility the Madison Metropolitan School District (MMSD) has to its school children and community necessitates the following information from all volunteers regarding arrest and conviction records. A record of arrest or conviction does not automatically prohibit volunteering. **Failure to complete this form accurately and completely will disqualify a volunteer from consideration for volunteering or will be cause for removal from volunteer assignments.**

“Arrest record” includes, but is not limited to, information indicating that an individual has been questioned, apprehended, taken into custody or detention, held for investigation, arrested, charged with, indicted or tried for a felony or misdemeanor, or other offense, pursuant to any law enforcement or military authority.

“Conviction record” includes, but is not limited to, information indicating that an individual has been convicted of any felony, misdemeanor, or other offense, has been less than honorably discharged, or has been placed on probation, fined, imprisoned or paroled pursuant to any law enforcement or military authority regardless of whether an appeal is pending or could be taken. **Expungement of a conviction record does not eliminate the requirement to disclose the conviction.**

**Often a plea of “No Contest” results in a conviction and finding of guilt. Keep in mind that participation in a deferred prosecution program (such as First Offenders) does not necessarily mean your record is clear. As stated above, failure to complete this form accurately and completely will mean disqualification from consideration for volunteering or constitute cause for removal from volunteer assignments.**

If you do not remember all of your arrests and/or convictions, or you are not sure of all of your arrests and/or convictions, or if you simply need help to fully disclose to the District your arrest and/or conviction record(s), please contact the District's Employment Unit for assistance.

To ensure prompt processing, please complete and return this form to the person who provided it to you **within three work days** so that it may be forwarded to the Department of Human Resources.

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**AUTHORIZATION**

I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the Madison Metropolitan School District (MMSD). I understand that I may not begin volunteering until the background investigation has been completed.

I certify that the answers given by me in this disclosure statement are complete, true, and correct without misrepresentations or omissions of any kind. I further understand that the making of any false or misleading statement or omission from or on this disclosure form, or any other document, will be used to deny me volunteer work, or if currently volunteering, used to terminate my volunteering for MMSD.

I understand that the District shall not be held liable in any respect if my volunteering is terminated because of false or incomplete statements, answers or omissions made by me on the disclosure form or any other document. In consideration of the school district's review of the document, I hereby release the District, its Board, and its agents, as well as all providers of information from any liability and for any damage which may result from the furnishing and receiving of information. A copy of this authorization and release is as valid as the original and should be recognized as such.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Email Address: \_\_\_\_\_

**DISCLOSURE STATEMENT**

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

Address: \_\_\_\_\_  
Street City State Zip

# of Years at This Residence: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List **all** other names used: \_\_\_\_\_

Dates of Usage: \_\_\_\_\_

If you have not resided in WI for the past five years, list all addresses for this period: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Gender: Male Female

Ethnicity (check one):

African American/Black Asian/Pacific Islander Hispanic Native American White

Have you ever been convicted of any felonies or misdemeanors? **Remember to disclose all convictions for felonies or misdemeanors including those for which the records have been expunged.**

Yes No

Do you presently have any pending charges at a felony or misdemeanor level?

Yes No

**(If yes to any of the above, please fill in the information below. If you have more than three convictions or pending charges or need additional space, use a separate sheet.)**

**LIST CONVICTIONS AND PENDING CHARGES**

1. CHARGE		DATE OF ARREST AND/OR CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
COMMENTS		LENGTH & TERMS OF PROBATION	
2. CHARGE		DATE OF ARREST AND/OR CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
COMMENTS		LENGTH & TERMS OF PROBATION	
3. CHARGE		DATE OF ARREST AND/OR CONVICTION	COURT OF CONVICTION
CITY	STATE	AMOUNT OF FINE	LENGTH OF JAIL TERM
COMMENTS		LENGTH & TERMS OF PROBATION	

### **Personal References**

*Please provide the following for two people (local if possible) that have known you for at least two years and will be able to provide a character reference. You may include your employer. Please do not list relatives.*

Last Name, First Name	Relationship
Present address	Day Phone
City, State, Zip	Night Phone

Last Name, First Name	Relationship
Present address	Day Phone
City, State, Zip	Night Phone

### **CONFIDENTIALITY STATEMENTS**

**Consent to Share Confidential Information:** I understand that the volunteer screening process includes both criminal background checks and reference checks. I give permission to have the results of these checks shared with placement sites considering my involvement as a volunteer.

**Confidentiality Agreement:** I understand that in providing my services as a volunteer with Madison Schools I will respect the confidential nature of the knowledge I will gain concerning the academic performance, behavior and personal information of the children with whom I work. If a child tells me something or I notice something that may indicate his/her safety is at risk or he/she is in emotional distress, I will report that information to my supervising teacher or a support staff member (social worker, psychologist, nurse). I also agree not to initiate contact with the children with whom I work or their families outside of the school or program setting to which I have been assigned.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please send completed forms to:**

MMSD Partnerships Room 100  
545 West Dayton Street  
Madison, WI 53703