

# Monona Grove Nursery School- Volunteer Disclosure Statement

## (This form is two sided if there are multiple family members)

For the safety and well-being of the children at MGNS, background checks will be performed on anyone who will be directly interacting with the children. This policy applies to anyone working/volunteering with the children, including, but not limited to public/student volunteers, guardians/parents, or other family members. The background checks will only be performed after the background release form is returned. The background check must be processed before working with the children. The director will confidentially complete background checks. MGNS will follow the guidelines of offenses used by the Department of Health and Family Services Chapter HFS 12 ([http://www.legis.state.wi.us/rsb/code/hfs/hfs012\\_app\\_a.pdf](http://www.legis.state.wi.us/rsb/code/hfs/hfs012_app_a.pdf)). Anyone not meeting these guidelines will be discreetly contacted by the director. Under special circumstances and with the approval of the individual releasing the information a teacher could also perform the background check.

***Please print clearly and return this form to the school***

***Child's Name and Class*** \_\_\_\_\_

### ***Parent/ Guardian Volunteer Information:***

1. Name: \_\_\_\_\_  
Last First Middle

Maiden name/other name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Stat Zip

Number of years at this address: \_\_\_\_\_

If you have not lived at this address for the past 5 years, please list all prior addresses, including counties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize MGNS to review my personal background. I consent to having MGNS conduct a full and complete background check. I understand that any misrepresentation on this statement may result in disqualification for volunteering within MGNS. I understand that MGNS will verify the information provided above. I hereby release the MGNS Director and Board of Directors, 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.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

Check this box if you are listing more volunteers on the back of this form.

### ***Volunteer Information:***

**2.Name:** \_\_\_\_\_

Last First Middle

Maiden name/other name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City Stat Zip

Number of years at this address: \_\_\_\_\_

If you have not lived at this address for the past 5 years, please list all prior addresses, including counties:

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\*\*\*\*\*

**3.Name:** \_\_\_\_\_

Last First Middle

Maiden name/other name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City Stat Zip

Number of years at this address: \_\_\_\_\_

If you have not lived at this address for the past 5 years, please list all prior addresses, including counties:

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: