

“Right to Know” Information
St. Cloud Area School District 742

- You have the right to know if you are working in an environment or with materials that you feel are at risk to your health.
- If you feel that you’re being sexually harassed, report it to the building administrator or a supervisor.
- All students/participants have a right to an equal education.
- Students/participations need to be protected from abuse or neglect. Volunteers must report suspected abuse to a supervisor or administrator, always act in the best interests of the student/participant.
- Be cautious of physically touching that could be interpreted as sexual, be sensitive to the student/participant.
- Please do not hit or spank or use unreasonable physical force on students/participants. Try to use positive reinforcement. Restrain only if necessary for safety.
- Keep identification and knowledge of student/participants confidential to the school or program.
- Be careful of being in vulnerable situations with students or participants (children’s bathrooms, isolated areas etc.).
- Don’t offer students/participants rides home or give out your phone number or take theirs.

Signature

Date

Criminal History Background Check Notice

St. Cloud Area school District 742 is committed to the selection of quality volunteers and to providing a safe environment for all people in the district. As part of this commitment, we obtain a Criminal History Background Check on all individuals who will be volunteering alone with students. The volunteer will pay \$20.00 by personal check for the Criminal History Background Check. **Please make check payable to the District 742.**

Information will be requested on your Criminal Background History from The McDowell Agency, Inc. Your permission is required to authorize this organization to release information to the St. Cloud Area School District. Failure to provide permission will result in withdrawal from the volunteer assignment.

The information we receive will be reviewed. If there is a criminal background and it is related to your volunteering with the District, the offer to volunteer will be withdrawn or if you have already begun to volunteer your assignment will be terminated.

Human Resource Office
St. Cloud Area school District 742

VOLUNTEER PRE-SERVICE APPLICANT RELEASE STATEMENT

This document is to be completed by applicants for certain volunteer positions. The positions that are subject to background checks have been determined by St. Cloud Area School. This release is required to assess the volunteer's fitness for service. The background check process is used to help St. Cloud Area Schools provide a safe and secure environment for children, youth, young adults and vulnerable adults who participate in our program and use our facilities.

I, _____, hereby authorize St. Cloud Area Schools and/or The McDowell Agency, Inc. to make an independent investigation of state and county criminal records for any evidence of convictions, social security records for a listing of employment and residence locations, the sexual offender database, and of my Consumer (Credit) Report and /or my Driver's Record if **checked** (by the parish/school/institution) and **initialed** (by the volunteer) below.

___ Consumer (Credit) Report _____ ___ Driving Record _____

I authorize all persons, schools, companies, corporations, state agencies, federal agencies, and law enforcement agencies to release such information without restriction or qualification to St. Cloud Area Schools and/or The McDowell Agency, Inc. I hereby release St. Cloud Area Schools and The Mc Dowell Agency, Inc. from any liability arising from the preparation of this report or investigation relating thereto to the extent permitted by law. I agree that failure to reveal any requested information, or the giving of any false or misleading information on this form or any application form, may be grounds for refusal enlist my service and negate any present or future volunteer or employment possibilities with this organization. Furthermore, I understand that any offer that has been made to me for the use of my volunteer services with St. Cloud Area Schools is contingent upon full disclosure of requested information and subject to personal reference checks. I understand that the results of said background check may disqualify me from volunteering at St. Cloud Area Schools and that any offer I have received is contingent upon this report and may be rescinded at any time as a result of findings deemed essential by St. Cloud Area Schools. I understand that this release is valid for the duration of my service and that St. Cloud Area Schools or The McDowell Agency, Inc. (at the request of St. Cloud Area Schools) may choose to investigate my background at any time during the term of my service.

I have read and understand the terms of this authorization and agree to the terms stated herein. A photocopy or facsimile of this authorization will be treated the same as an original.

1. Print Name _____
2. Social Security Number _____ - _____ - _____
3. Date of Birth _____ / _____ / _____

Signed _____

Date _____ / _____ / _____