

VOLUNTEER EMERGENCY INFORMATION SHEET
AND SERVICE COMMITMENT

Volunteer's Name (include middle initial) _____

Date of Birth: _____

Day Phone: _____ Eve. Phone: _____

Address: _____

In case I become ill or injured while volunteering, please call: Day Phone: _____

Name: _____ Eve. Phone: _____

If there is no answer, call a relative, a neighbor, etc. Day Phone: _____

Name: _____ Eve. Phone: _____

I authorize all treatment deemed advisable and suggest:

Doctor: _____ Phone: _____

Or any appropriate medical care deemed advisable by the volunteer station authorities.

Do you have any unusual health hazards, serious allergies or other information that you feel is important for the office to know, if yes please explain: Yes: _____

_____ No: _____

I have read and understand the expectations regarding confidentiality as outlined on the Volunteer Commitment and Confidentiality Statement (Exhibit (1)).

Yes No

Have you ever been convicted of a serious misdemeanor, aggravated misdemeanor, or a felony under Wisconsin Law or any other state/country law?

Yes No

I hereby authorize the Rice Lake School District personnel to conduct a criminal records check to determine my acceptability.

Yes No

I understand the issues of confidentiality that will be expected of me as a volunteer. I will keep school matters confidential and discuss any concerns with the building administrator. If I am unable to honor this commitment I understand that I may be asked to terminate my volunteer service to this site.

Signature of Volunteer: _____ Date: _____

Signature of Principal: _____ Date: _____

Please return this form to: Rice Lake Area School District, 30 Phipps Avenue, Rice Lake, WI 54868

Adopted: 06/30/09
Revised: 06/26/23
04/08/24
Reviewed: