

**WARSAW COMMUNITY SCHOOLS**

**Adult Behavior Expectations**

**Faculty, Staff, and Volunteers who Work with Students on a \*Regular Basis**

Because of concerns for the safety of our students, we have increased our security measures. In an effort to ensure that individuals who work with our students are indeed suitable for such contact, we ask that you complete this form.

These Adult Behavioral Expectations give faculty, staff, and volunteers the opportunity to reaffirm their commitment and dedication to the well-being of young people. When all faculty, staff, and volunteers sign a copy of this document, individuals are making a collective statement that youth are being treated with respect, dignity, and attention to individual needs.

**In my role as a faculty member, staff member, or volunteer, I:**

- Accept my responsibility to represent Warsaw Community Schools (WCS) with dignity and pride by being a positive role model for youth.
- Conduct myself in a courteous, respectful manner, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
- Respect, adhere, and enforce the rules, policies, and guidelines established by WCS including all laws related to child abuse and substance abuse.
- Under no circumstances allow or consume alcohol or illegal drugs at school events or activities. I understand that use of, or being under the influence of, alcohol or illegal drugs while in the presence of students and at a school program or activity may result in my termination.
- Recognize that verbal or physical abuse, failure to comply with equal opportunities, and anti-discrimination laws or committing criminal acts may be grounds for termination as a faculty member, staff member, or volunteer.
- Respect confidentiality in regard to sensitive issues concerning the students and/or the school.

By signing below, I acknowledge that I have read and agree to abide by the behavioral expectations in this document.

A signed copy of the Adult Behavioral Expectations will be kept in the school and/or administration office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
School Site/Location

\_\_\_\_\_  
Position/Assignment

\*"Regular Basis" is defined as an assignment which puts the individual in contact on an ongoing, recurring basis. Examples include coaching, club sponsorships, volunteering in classroom, and chaperoning.

## Request for Background Information

Dear Applicant/Volunteer:

Employment and volunteering with Warsaw Community Schools involves contact with our student population. We ask that you complete the questions below to help us evaluate your suitability to work with these students. All applicants/volunteers are expected to provide us with this information; you are not being singled out for closer inspection. This insert is part of the application itself and any misrepresentation or omission of facts may be grounds for disqualification from further consideration regardless of when the misrepresentation or omission is discovered.

The conviction of a crime or any affirmative response provided by you on this insert is not an automatic bar from employment or volunteering. The school district will consider the nature of any conviction or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your intervening conduct and the relationship between the offense or alleged conduct underlying the affirmative response and the position for which you are applying/volunteering. Note: This also applies to employees of temporary service firms working at Warsaw Community Schools.

1. If you are presently employed, is your conduct as an employee or the quality of your work the focus of any investigations by your current employer? Yes \_\_\_ No \_\_\_  
If yes, explain the circumstances on a separate sheet and attach it to this application.
2. Have you ever resigned from a job after being disciplined by your employer or after being offered the opportunity to resign rather than be terminated? Yes \_\_\_ No \_\_\_  
If yes, explain the circumstances on a separate sheet and attach it to this application.
3. Have you ever been investigated for, charged with or pleaded guilty or "no contest" to any crime involving the sexual abuse of any person or indecency with a minor? Yes \_\_\_ No \_\_\_  
If yes, explain the circumstances on a separate sheet and attach it to this application.
4. Have you ever been charged with a crime listed in number 3 (above) where the court has deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service or education program? Yes \_\_\_ No \_\_\_  
If yes, explain the circumstances on a separate sheet and attach it to this application.
5. Have you ever been convicted of any crime or has any court ever deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service or education program for any such crime? Yes \_\_\_ No \_\_\_  
If yes, explain the circumstances on a separate sheet and attach it to this application.

### Authorization and Release

I authorize the school district to check my employment history, including without limitation, reference checks, and seek the release of investigating information, including a "limited criminal history" possessed by any private or public employer or any local, state, or federal agency. I authorize these private or public employees or local, state, or federal agencies to provide the school district any information that they may release concerning the matter described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I expressly waive in connection with any request for, or provision of such information, any claims or causes of action, including without limitation, defamation, infliction of emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the school district, its officials, employees, trustees, or agents, or against any provider of such information.

I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

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

Printed Full Name \_\_\_\_\_  
First Middle Last

Complete Address \_\_\_\_\_

Birth Date (Required) \_\_\_\_\_

Gender (Required) \_\_\_\_\_ Race (Required) \_\_\_\_\_