



# TrekNorth High School

2400 Pine Ridge Ave NW  
Bemidji, MN 56601

E-mail address: [www.treknorth.org](http://www.treknorth.org)  
Phone: (218)-444-1888  
Fax: (218)-444-1893

## Volunteer Information

This information is used by TrekNorth High School for emergency contact information or reports.

School \_\_\_\_\_ Position \_\_\_\_\_ Start Date \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

(Cell and Email are optional)

Drivers Lic# \_\_\_\_\_

- Race
- \_\_\_\_\_ American Indian or Alaskan Native
  - \_\_\_\_\_ Asian or Pacific Islander
  - \_\_\_\_\_ Hispanic
  - \_\_\_\_\_ Black
  - \_\_\_\_\_ White

## Dependent Information

Spouse \_\_\_\_\_ DOB \_\_\_\_\_ Telephone(day) \_\_\_\_\_

### Dependent Children

_____	DOB _____	Age _____	FT Student? Y N
_____	DOB _____	Age _____	FT Student? Y N
_____	DOB _____	Age _____	FT Student? Y N
_____	DOB _____	Age _____	FT Student? Y N

Emergency Contact (other than spouse) \_\_\_\_\_ Telephone \_\_\_\_\_

Do you have allergies/conditions we should know about? \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Telephone \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

TREKNORTH JUNIOR & SENIOR HIGH SCHOOL  
Handbook Acknowledgement Form

I hereby acknowledge that I have reviewed and have a copy of the TrekNorth Employee Handbook. I understand this handbook has been prepared as a guide and a reference for all employees.

I agree to comply with the policies, procedures and expectations as set forth in the Handbook. I also acknowledge that these policies, procedures and expectations may be changed, interpreted, withdrawn, or added to by TrekNorth at any time at their sole option and without prior notice to me.

I understand that my employment with the School constitutes an "at will" relationship. I may resign at any time for any reason, and TrekNorth and/or its administrative team may terminate my relationship for any reason or no reason so long as it is not violation of law.

I understand that the handbook does not in any way form a contract or imply or promise continuous, long term, or permanent employment.

I agree to abide by the non-disclosure requirements (policy 3.2).

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

Please sign and return to the Business Manager.

c.c. Employee

Personnel file

TREKNORTH JUNIOR & SENIOR HIGH SCHOOL



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### TrekNorth High School Access and Confidentiality Agreement

As a volunteer of TrekNorth High School you may have access to what this agreement refers to as "confidential information." Confidential Information includes but is not limited to the following unless required to be released by public disclosure laws:

- \* Student Information
- \* Financial Information
- \* Marketing Strategies
- \* Pending Projects and Proposals
- \* Proprietary Processes
- \* Personnel/Payroll/Compensation Records
- Conversations regarding business operations between any persons associated with the school site

The purpose of this agreement is to help you understand your duty regarding confidential information. You may learn of or have access to some or all of this information through a computer system or through your employment activities. Confidential Information is valuable and sensitive and protected by law and by TrekNorth H.S. policies. Your principal obligations in this area explained below. The violation of these responsibilities will subject you to discipline and/or termination and to legal liability.

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1. I will use confidential information only as needed to perform my duties as a volunteer of TrekNorth High School. This means, among other things, that:
    - a. I will only access confidential information for which I have a need to know; and
    - b. I will not in any way divulge, copy release, sell, loan, review, alter, destroy any confidential information except as properly authorized by TrekNorth High School.
    - c. I will not misuse confidential information or carelessly care for confidential information.
  2. I accept responsibility for all activities undertaken using my security access codes for computers/ phones, etc. and I will not disclose those codes to anyone.

3. I will report activities by any individual or entity that I suspect may compromise the confidential information. I understand that reports made in good faith will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.

4. I understand that any obligations under this Agreement will continue after termination of any employment. I understand that my security privileges are subject to periodic review.

5. I will be responsible for my misuse of wrongful disclosure of confidential information and or my failure to safeguard access to this information. I understand that my failure to comply with this Agreement may also result in my loss of employment and other legal liability.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_  
Supv Initials \_\_\_\_\_

Trek North High School  
2400 Pine Ridge Ave NW Bemidji, MN 56601  
**Employment Background Check**

\_\_\_\_\_  
Name of Previous/Other Current Employer

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

Re: \_\_\_\_\_  
Name of Person Applying for Employment

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

**Note to Employee:** If you have been unemployed or self-employed for more than three years, this employment check does not need to be done. Write "N/A" in the blank labeled "Name and address of previous/other current employer" and sign the bottom of the form.

Dear Employer:

Your former/current employee, \_\_\_\_\_, has applied to be employed by us. We have developed procedures which require that we request a background check with you as a previous/current employer to determine whether your former/current employee was ever the subject of any allegation, report or investigation concerning the occurrence of misconduct including sexual abuse, physical abuse, sexual exploitation or sexual harassment. This would include occurrences of sexual misconduct involving a child or children, involving persons who sought counseling or therapy, involving persons who were vulnerable because of impairment of mental or physical function or emotional status, or involving other past or present employees.

Set forth below is an Authorization for Release of Information from your former/current employee. Enclosed is a **Response by Employer Form**; please take a minute to complete this form and return it to us. An addressed, stamped envelope is provided for your response. Your cooperation is appreciated. Thank you.

I, \_\_\_\_\_, hereby authorize the above named employer to release information for the purpose of evaluation of my application for employment. I agree not to hold my former/current employer liable for release of any information in connection herewith.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Applying for Employment

## Response by Employer

We, as a former/current employer of \_\_\_\_\_ respond that while employed by us, the former/current employee,

\_\_\_\_\_ was

\_\_\_\_\_ was not

the subject of any allegations, report or investigations concerning the occurrence of sexual abuse, physical abuse, sexual exploitation, or sexual harassment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Date

If we checked "was" above, we are able to provide the following further information:

123B.03 INFORMED CONSENT  
TrekNorth Jr & Sr High School  
2400 Pine Ridge Ave NW  
Bemidji, MN 56601  
218-444-1888

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

The following named individual has made application with this agency to volunteer.

**Last Name of Applicant** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle (full)** (please print): \_\_\_\_\_

**Maiden, Alias, or Former** (please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex (M or F):** \_\_\_\_\_  
(month/day/year)

**Social Security Number:** \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose criminal history record information to TrekNorth Jr & Sr High School pursuant to Minnesota State Statute 123B.03, subdivision 1 for the purpose of employment as a:

- Teacher
- Substitute Teacher
- Volunteer
- Other \_\_\_\_\_

with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

We are requesting 123B.03 informed consent and a check for \$15.00 is enclosed.  
(Volunteer background check fee paid by agency)

We are requesting a federal check pursuant to Minnesota State Statute 299C.62 on this individual as well. (Contributor, please check this box if requesting a federal check and attach fingerprint card, the Child Protection Background Check Consent form and a check in the amount of \$24.25 (\$20.25 for Volunteer). Please note that the federal check will take six to eight weeks to complete.

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FOR OFFICE USE ONLY      MAIL TO:      MN DEPT OF PUBLIC SAFETY  
BUREAU OF CRIMINAL APPREHENSION  
1430 MARYLAND AVE E  
ST PAUL MN 55106-2802

SENT: \_\_\_\_\_