

For Office Use ONLY	
Receive _____	Approved _____
Notes: _____	

# South Lane School District 45J3

## Volunteer Application

~Please write clearly~

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

In case of an emergency, please notify:

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Note: Some volunteering opportunities are not suitable to bring younger siblings. Please check with teacher/coordinator before bringing younger siblings.**

I agree to maintain a professional attitude; respect the confidentiality of all information and activities related to students and all others in the building. If for any reason I am unable to be at my volunteer job, I will contact the staff member I am working for. If I run into a situation I am uncomfortable with, I agree to talk with a staff member, principal or building coordinator. I agree to abide by district policies regarding smoking, profanity, discipline and the promotion of personal religious doctrine.

(I understand that I, as the volunteer, need to talk with event organizers and let them know of any physical limitations that would prevent me from participating in certain aspects of the activity. In the event that I need medical/dental treatment, I authorize the district to make proper medial judgements on my behalf as needed due to an injury or illness. I also understand that any advisor or the school they represent who is involved in making medical decisions will not be held liable in any respect. I, for myself, and on behalf of my heirs, executors, administrators, successors or the delegates, hereby release and forever discharge South Lane School District from any and all demands or claims, known or unknown, that I have or may have against South Lane School District and its staff or employees.)

I understand and agree to the above.

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

Entered: \_\_\_\_\_

By: \_\_\_\_\_

## CRIMINAL HISTORY VERIFICATION OF APPLICANTS

**Please type or print clearly.**

**As Appears on License**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used: \_\_\_\_\_  
(includes Maiden Name)

Social Security No.: \_\_\_\_\_ Driver License/Identification Card No.: \_\_\_\_\_ State: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Full Street Address/Post Office Box

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

A. Have you **EVER** been convicted of a sex-related crime? [ ] Yes [ ] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

If yes, did the crime involve force or minors? [ ] Yes [ ] No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? [ ] Yes [ ] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? [ ] Yes [ ] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

D. Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes) [ ] Yes [ ] No

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? [ ] Yes [ ] No

**Advisory:** A check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, volunteer, or other prospective school employees working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_