

CRIMINAL RECORDS CHECK CONSENT FORM

I understand that a criminal records check is required by law and/or Board policy. Volunteering shall ***not*** be started prior to the completion and submittal of the criminal records check form. Upon notification by the Superintendent of Public Instruction or designee or State Board of Education that an individual has been convicted or made a false statement as to conviction of any crimes prohibiting volunteering or working with the District, the superintendent, or designee, shall terminate that volunteering immediately.

I understand that an individual so terminated may appeal action taken by the District as a result of such checks in accordance with procedures established by law or Board policy. Applicable appeal rights will be provided by the District upon such termination from District volunteering.

Criminal records checks will be conducted by the District at no charge to the volunteer / student teacher / practicum student.

Should I make a false statement as to conviction of crimes or refuse to consent to a criminal records check, I shall be terminated from volunteering / student teaching / practicum work by the superintendent immediately. I understand that individuals who have successfully completed an Oregon and FBI criminal records check by a previous employer and have not since resided outside Oregon may be exempt from this requirement. It is the responsibility of the individual to inform the District of the existence of such records.

My signature verifies that I have read and understand the above statement.

Signature _____ *Date* _____

School _____ *Sport (if any)* _____

Email Address _____

Regulation Approved: **Kathleen Rodden-Nord**

Date: **December 8, 2011**

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.: _____

Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

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: _____

Junction City School District

EXPLANATION OF DISTRICT INSURANCE

Junction City School District is very appreciative of the substantial contribution made by parents, staff, and other persons who assist in District-sponsored activities. It is our desire that these activities are safe and as free from hazard or injury as possible; therefore, we urge you to read the following material carefully.

In the legal sense, volunteers are not considered employees of the District; therefore, Workers' Compensation benefits are not provided. If a volunteer is injured or becomes ill while in the normal scope of their duties with the District, any medical expense that results should be referred to the volunteers own medical insurance provider. The District Administrative Office should also be contacted at 998-6311.

The District is able to insure the legal liability of volunteers, as it does for employees while they are working for the District, subject to the following general conditions: 1) You are working on a task assigned by an authorized District supervisor, 2) you limit your actions to the duties assigned, and 3) you perform your assigned tasks in good faith and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others. If a volunteer should inadvertently injure someone else, or damage their property in either an automobile or non-automobile situation, this should be reported immediately to the school administrator. We want to be in a position to respond promptly to any such claims that may be made against you.

Because in some instances, both a volunteer's insurance and the District's insurance may apply to a claim, you should also advise the agent for your homeowners or automobile policies of any instance that may occur. The volunteer's insurance will be used first before District insurance is activated.

Should any volunteer have a question concerning the availability of the District's insurance coverage, please forward your requests directly to the Business Manager of the District Office (998-6311, extension 604). Every effort will be made to give you a prompt response.

**Authorized Volunteer
Partial Waiver and Release of Rights
Junction City School District**

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

Please Read Carefully

As an authorized volunteer performing activities on behalf of the Junction City School District, I _____ (Volunteer) agree to indemnify and hold harmless the School District, its officials, or employees against any loss, damage, injury, or expense incurred for any and all harm or damage to my health in any manner resulting from my volunteering on behalf of the School District. I understand that this release also applies to my estate and/or heirs. Further, I understand that I am not considered an employee of the District and therefore not covered by the District's Workers' Compensation coverage. This release does not apply to gross negligence on the part of the District, its officials, or employees.

This release also does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 030.260-300, to defense and indemnification from any demand, claim, suit, or action brought against me, or liability I may be subject to, or arising out of my authorized volunteer activities.

In the event that I am injured while performing volunteer activities, I will notify my District supervisor.

Signature

Date

****Please deliver a copy of this signed form to Stephanie White at the District Office at the following address:***

***Junction City School District
325 Maple Street
Junction City, OR 97448***