



Criminal History and Background Verification

This information is confidential and will be stored in a confidential manner

Please print clearly and complete all sections

David Douglas ___ Gresham ___ Portland ___ Reynolds ___ St. Helens ___ Woodburn ___

Parent/Volunteer Information

First Name: _____ **Middle Name:** _____

Last Name: _____ **Date of Birth:** _____

Other Names	Drivers
Previously Used	License/Identification Card
Maiden Name: _____	Number and State of Issue: _____

Street Address	City	State	Zip
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Student Name(S): _____

- A. Have you ever been convicted of any drug or child abuse related crimes? ___ YES ___ NO
- B. Have you ever been convicted of any crimes related to violence? ___ YES ___ NO
- C. Have you ever been convicted of a major traffic violation, including DUII ___ YES ___ NO
- D. Have you ever been convicted of ANY misdemeanor or felony crimes? ___ YES ___ NO
- E. Have you ever been charged with a crime for which there has not yet been an acquittal or dismissal?
 ___ YES ___ NO
- F. Have you ever has a restraining order filed against you? ___ YES ___ NO

If "YES" to any question, please complete the following:

DATE: _____ COUNTY: _____ STATE: _____

Explanation: _____

Arthur Academy strives to ensure a safe environment for our children and staff. Therefore any person that refuses a criminal background check or makes false statements on a criminal background check will not be allowed to volunteer. There are no exceptions.

I consent to a check of criminal/civil records by Mastery learning Institute- Arthur Academy.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY: Cleared to volunteer ___ YES ___ NO (state reason) _____

School Notified ___ YES ___ NO Date: _____ Initials _____