

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____ **Email:** _____

We will email you important volunteer information

- Position and levels for which you are interested in volunteering: Athletic Classroom Field Trip Other
At what building/buildings: Fremont A.D. Hay Union DMS/LHS District Office
- Have you spoken with a District employee about volunteering? Yes No
If yes, to whom and in what capacity will you volunteer? _____
- Have you held a valid first aid card in the past ten years? Yes No Current? Yes No
- Write a short statement verifying experience, knowledge, and reason for seeking this position. (If applicable include your understanding of physical, psychological, and social growth of children, care and prevention of injuries, and athletic conditioning.)

- Do you currently hold an Oregon teaching license? Yes No If yes, type and endorsements: _____

AFFIRMATIVE ACTION INFORMATION

This information is to ensure equal opportunity under an affirmative action program. To assist in this program please provide the following information. Your completion is optional.

Race or cultural group:

American Indian/Alaskan Native Asian/Pacific Islander White Hispanic Black Other

Date of Birth: _____ Male Female

EDUCATIONAL TRAINING

	Name of school	Location	Dates attended	Degree or diploma
High School				
College				

REFERENCES

Name	Address	Phone	Position

CONVICTED (OR PURGE) OF MISDEMEANOR OR FELONY, INCLUDING MAJOR TRAFFIC Yes No

If yes, offense: _____ State: _____ County: _____ Date: _____

MUST COMPLETE BACKGROUND CHECK CONSENT ON THE BACK OF THIS PAGE

The facts set forth on this application as a volunteer are true and complete to the best of my knowledge. I hereby grant to the District or its agent permission to check civil or criminal records to verify any statements made on this application.

Signature of volunteer

Date

Per Lake County School District #7 Policy IICC, Volunteers, all persons who volunteer during the regular school day shall be approved by the building principal.

Signature of Building Principal

Date

CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes Lake County School District #7 and Criminal Information Services, Inc. to obtain information about you (as applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete **ALL** of the information below. Please print.

Full Legal Name: _____		
Last	First	Middle
Other Names Used: _____ (Maiden, alias's, legal name change, etc.)		
Current Address: _____		
DOB: _____	Driver's License #: _____	Driver's License State: _____
SSN: _____		
1. Have you ever been convicted of a sex related crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, was the conviction in Oregon or another state? State: _____		
2. Have you ever been convicted of a crime involving violence or threat of violence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, was the conviction in Oregon or another state? State: _____		
3. Have you ever been convicted of a crime involving criminal activity in drugs or alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, was the conviction in Oregon or another state? State: _____		
4. Have you ever been convicted of any other crime except a minor traffic violation? (includes traffic crimes) <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Have you ever been arrested, within the last three years, for a crime in which there has not yet been an acquittal or dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, was the arrest in Oregon or another state? State: _____		

I have reviewed and completed this form as applicable to me. I give Lake County School District #7 and Criminal Information Services, Inc. permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me.

I affirm that all information on this form is true and accurate.

Signature of applicant

Date