



## 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: \_\_\_\_\_

**Volunteer Name:** \_\_\_\_\_

Check all that apply:

- Classroom Building name and grade level: \_\_\_\_\_
- Fieldtrips Building name and grade level or program: \_\_\_\_\_
- Baseball  Boys Basketball  Girls Basketball  Cross Country  DMS Sports
- Football  Softball  Soccer  Track and Field  Volleyball
- Wrestling  Other: \_\_\_\_\_

**TITLE:** VOLUNTEER JOB DESCRIPTION – **DUE ANNUALLY**

- QUALIFICATIONS:**
1. High school diploma
  2. Maintains a high level of ethical behavior and confidentiality
  3. Evidence of good leadership and citizenship qualities and displays a high interest in the students
  4. Prior job related experience is preferred
  5. Effective instructional skills
  6. If coaching, has knowledge of sport and coaching techniques

**RESPONSIBLE TO:** Principal, Athletic Director, and/or staff member

**EVALUATED BY:** Principal, Athletic Director, and/or staff member

**JOB GOAL:** The volunteer is to serve and assist the district's programs in such a manner as to further the aims of general education and good sportsmanship.

**PERFORMANCE RESPONSIBILITIES:**

1. Volunteers shall be approved in accordance with District Policy. Such approved volunteers are covered under workmen's compensation insurance and therefore must complete a time card for verification of hours volunteered.
2. Because of the fingerprinting mandate for individuals having the opportunity for direct contact with students, volunteers shall at all times be under the direct supervision of fingerprinted staff members who shall be responsible for their direction.
3. Assist staff members in providing better instructional services to students.
4. Support and cooperate with all other staff members in promoting the best total educational and sports programs.
5. Encourage desirable pupil/teacher relationships, ethical conduct, fair play, and good sportsmanship.
6. Keep abreast of all rules and rule changes.
7. **UNDER NO CIRCUMSTANCES** shall a volunteer be assigned any of the following responsibilities:
  - A. Prescribing courses of study. (Daily Turnouts)
  - B. Directing and/or controlling the studies of pupils.
  - C. Evaluating a pupil's educational growth and development other than through informal communication with the supervising certificated employee.
  - D. Making reports to parents, guardians, or school employees with respect to a pupil's educational growth and development.
  - E. Making reports to parents, guardians, or school employees with respect to any teacher or other certificated employee's competency, level of preparation, classroom discipline, working environment, or any other aspect related to the evaluation of certificated personnel.
  - F. Prescribing disciplinary action relating to pupils.
  - G. Excusing pupils from attendance or participation in any classroom or school related activity.
  - H. Acting in any other capacity relating to instruction which has traditionally been delegated to the certificated employee without the direct supervision of the supervising teacher.
8. **Volunteers do not:**
  - A. Receive compensation for services.
  - B. Treat injuries sustained by students, although appropriate first aid may be applied.
  - C. Assume the sole responsibility for a student or group of students.
  - D. Receive instructional release time from school duties for practice or contests if they are a school employee.
9. A volunteer is liable for his/her actions as any other citizen in conjunction with treatment of injuries, transportation of students, etc.
10. Familiarize himself/herself with the District's policies regarding asbestos, chemicals, AIDS/Hepatitis procedures, and all other policies related to the position as may be developed during the course of volunteer time.

**TERMS OF THE VOLUNTEER POSITION:** The length of this position is for one year only and can be terminated by agreement of the building principal, athletic director, and Board of Directors.

**EVALUATION:** Performance of this job will be evaluated in a summative manner.

I hereby accept the above terms of this position.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date