



VOLUNTEER APPLICATION CENTRAL SCHOOL DISTRICT 13J



In order to ensure the well-being of our students we ask that you complete this volunteer form so that we can complete a background check. We appreciate your understanding in this process.

Full Name (Please Print): _____ Date: _____

I am a: Parent WOU Student Other: _____

Telephone: _____ E-mail: _____

Student's Name(s): _____

Teacher with whom you'd like to volunteer: _____

Person to Notify in Case of an Emergency:

Name	Relation	Phone

School Preference (Please check all that apply): Ash Creek Elementary Henry Hill Elementary
 Independence Elementary Monmouth Elementary Talmadge Middle Central High

Grades Preferred: KG 1 2 3 4 5 6 7 8 9 10 11 12

Times Available:

Monday	Tuesday	Wednesday	Thursday	Friday

Areas in which you would like to volunteer:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> General Classroom | <input type="checkbox"/> Computer | <input type="checkbox"/> Math | <input type="checkbox"/> English as a Second Language |
| <input type="checkbox"/> Special Needs Education | <input type="checkbox"/> Playground | <input type="checkbox"/> Library Shelving | <input type="checkbox"/> Music |
| <input type="checkbox"/> Library Storytelling | <input type="checkbox"/> Lunchroom | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Field Trip | <input type="checkbox"/> Coaching | <input type="checkbox"/> Mentor | <input type="checkbox"/> Language Arts |
| <input type="checkbox"/> PE | <input type="checkbox"/> Office Support | | |

If you want to volunteer in your student's classroom, go on a fieldtrip, or help with a school function, you need to complete this volunteer application (both sides) and turn it into your student's teacher or the school office. Please be advised that it may take a couple of weeks to process your application. A new application MUST be completed each school year. Thank you.

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 the 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: _____