

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

THIS FORM MUST BE ENCLOSED WITH THE 581-2281-N CRIMINAL HISTORY VERIFICATION FOR PRE-EMPLOYMENT AND VOLUNTEERS COVER FORM, ALONG WITH A SCHOOL CHECK IN THE AMOUNT OF \$5.00 PER APPLICANT. ALL DOCUMENTS MUST BE MAILED TOGETHER TO THE OREGON DEPARTMENT OF EDUCATION, OTHERWISE THEY WILL BE RETURNED.

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. If you do provide the number, the Oregon Department of Education will use it as an additional identifier to search for any criminal record you may have within the State of Oregon. 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: An in-state check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions. If you answer no to any of the questions above, and a criminal conviction exists, this will result in a "No" determination by ODE.

The applicant is entitled to inspect and challenge the accuracy of their Oregon criminal record through the Oregon State Police procedures by contacting Oregon State Police directly under ORS 181A.230(3) and OAR 257-10-0035.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form for the purpose of pre-employment and/or volunteering purposes at an Oregon school and/or institution.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____ Date: _____

**OAKRIDGE SCHOOL DISTRICT
VOLUNTEER APPLICATION/AGREEMENT**

NAME: _____

DRIVER'S LICENSE #: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

Volunteer's activities shall be carried out at _____

The District employee to whom the volunteer shall report is _____

The Volunteer's activities are described and set forth in Exhibit "A" attached.

VOLUNTEER ACKNOWLEDGEMENT

I, _____, agree to volunteer for Oakridge School District and agree to the following: (Please initial each statement).

_____ I have full knowledge of any risks involved in this activity.

_____ I am physically fit and sufficiently trained to participate in this activity.

_____ I will follow all policies and procedures applicable to this activity.

_____ I understand that I am a volunteer and have no medical coverage provided by the District if I am hurt or injured.

_____ I understand that as a volunteer, I am not covered by the District's workers compensation policy.

_____ If I am unable to fulfill this agreement, I will notify the District at least 24 hours in advance.

_____ If I am under 18 years of age, my parent/guardian approved my participation.

_____ (Parent initial here)

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of application and/or dismissal from the program. I authorize Oakridge School District to make any necessary and appropriate investigations to verify the information contained herein.

SIGNATURE OF APPLICANT

DATE

COORDINATOR