



South Lane School District 45J3

VOLUNTEER APPLICATION

Name: _____ Address: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Email: _____ School: _____

Child's Name _____ Room/Grade _____

Have you volunteered at this school before? Yes _____ No _____

Interests/Special Training: _____

Type of Volunteer Work you would prefer:

Classroom _____ Clerical _____ Library _____ Field Trips _____

All School Functions _____ Special Projects _____

Other (please specify) _____

Languages spoken: _____

Times Available for Volunteer Work

	Mon	Tues	Wed	Thur	Fri
Morn.					
After.					
Even.					

In case of emergency, please notify:

Name: _____ Phone: _____

I agree to maintain a professional attitude; respect the confidentiality of all information an activities related to students and all others in the building. If for any reason I am unable to b at my volunteer job, I will contact the staff member I am working for. If I run into a situatio I am uncomfortable with; I agree to talk with a staff member, principal or building coordinator. I agree to abide by district policies regarding smoking, profanity, discipline and the promotion o personal religious doctrine.

(I understand that I, as the volunteer, need to talk with event organizers and let them know of any physical limitations that would prevent me from participating in certain aspects of the activity. In the event that I need medical/dental treatment, I authorize the district to make proper medical judgments on my behalf as needed due to an injury or illness. I understand that I will be responsible for all expenses, doctor and hospital and/or clinic that may be incurred for all related treatments to include prescription of medication. I also understand that any advisor or the school they represent who is involved in making medical decisions will not be held liable in any respect. I, for myself, and on behalf of my heirs, executors, administrators, successors or the delegates, hereby release and forever discharge South Lane School District from any and all demands or claims, known or unknown, that I have or may have against South Lane School District and its staff or employees.)

I understand and agree to the above.

Sign _____ Date _____

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: _____