

2008-2009
SCHOOL VOLUNTEER REGISTRATION
Oregon City School District

Please type or print clearly.

Name: _____
Last First Middle

Address: _____
Full Street Address City State Zip

Telephone:
Home _____ Work _____ Cell _____

E-mail Address: _____

School(s) where you wish to volunteer: _____

Please list names and grades of all students in your family attending listed school(s): _____

If you have successfully completed a volunteer background check through the Oregon City School District in the past 12 months please check here. You do not need to submit another Background Verification form.

If you have not had a successful volunteer background check performed by Oregon City School District within the past 12 months, please fill out and sign the reverse side of this form. All volunteers must successfully complete a criminal background check before they will be able to volunteer in a school or attend school-sponsored activities, such as field trips.

STATEMENT OF COMMITMENT:

As a volunteer working within the Oregon City School District, I agree to:

- ◆ Sign in and out at the school front desk and wear an ID badge.
- ◆ Attend orientation or training sessions that may be necessary to help me in my volunteer duties.
- ◆ Abide by all school rules and Board of Education policies and regulations that are applicable to me.
- ◆ Honor the commitment to work as scheduled.
- ◆ Keep school information confidential.
- ◆ If I must be absent from a scheduled commitment, I will notify the school office as soon as possible.
- ◆ If needed, I consent to criminal history verification.

Signature of Volunteer / /
Date

CRIMINAL HISTORY VERIFICATION OF VOLUNTEER APPLICANTS

Oregon City School District
Oregon City, Oregon

Please type or print clearly.

Name: _____ Date of Birth: _____ Sex: _____
Last/First/Full Middle MM/DD/YYYY

List other names previously used, including maiden name: _____

Driver License or Identification Card Number: _____ Issuing State: _____ Expiration Date: _____

Address: _____
Full Street Address

City: _____ State: _____ Zip: _____

If you have lived at the above address for less than 7 years, please provide prior address(es), for past 7 years.

Address: _____
Full Street Address

City: _____ State: _____ Zip: _____

Address: _____
Full Street Address

City: _____ State: _____ Zip: _____

If any of the below questions are answered "yes," please provide a complete explanation, attaching additional sheets as necessary.

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, including providing alcohol or drugs to a minor and/or driving while under the influence of alcohol or drugs? 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? Yes No
(Includes Traffic Crimes)

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

I hereby grant to the Oregon City School District permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon City School District will conduct a criminal offender record check of applicants for volunteer positions working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information.

I acknowledge reading and receipt of this notice.

Applicant's Signature: _____ Date: _____

For Administrative Office Use	
Date of OJIN Review: _____	
Listed codes: _____	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature: _____	