

South Wasco County School District #1

Volunteer Process

- Complete Volunteer Form, which can be picked up at either school office.
- Complete Criminal Verification Application, which is attached to the Volunteer Form.
- Submit both forms to District Office.
- The District Office will send in completed Criminal Verification Application for approval.
- The District Office will forward the completed Criminal Verification Application to the Athletic Director or Principal.
- Upon completion and receipt of all application materials, the Athletic Director or Principal will call you for a meeting.

Volunteers may not begin service until approved by the administration.

South Wasco County School District #1

Volunteer Application Form

All fields are required to be filled out accurately prior to becoming a volunteer at South Wasco County School District #1.

Please Print:

Last Name: _____

First Name: _____

Middle Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Cell: (_____) _____ - _____

Email Address: _____ @ _____

Demographic Information:

Date of Birth _____

Social Security Number _____ - _____ - _____

Name of person to contact in case of emergency:

Last Name: _____

First Name: _____

Relationship: _____

Telephone # _____

Information about your Volunteer Interests: Please describe in detail why you are interested in volunteering at SWCSD. (attach additional pages if you need more room).

Information about your interests/skills/experiences and availability:

Would you prefer to volunteer:

_____ Directly working with children _____ In support areas

Please list your experiences or skills that relate to the preference indicated above:

Please list any volunteering roles (with location) that you have been part of:

Please circle the most appropriate day and time that you would be available to volunteer:

Mornings:	Monday	Tuesday	Wednesday	Thursday	Friday
Afternoons:	Monday	Tuesday	Wednesday	Thursday	Friday
Evenings:	Monday	Tuesday	Wednesday	Thursday	Friday

Are you interested in volunteering during special events; family math nights, Christmas Program, spring concerts, etc.

_____ No _____ Yes

Are you interested in assisting with projects such as mailings, office work, classroom/teacher directed projects?

_____ No _____ Yes

References: This is an optional field

Please print and complete the information below for three people we may contact who have known you for at least two years. Local references preferred, please no relatives.

Name: _____ Relationship _____

Address: _____ City _____ Zip _____

Telephone _____

Name: _____ Relationship _____

Address: _____ City _____ Zip _____

Telephone _____

Name: _____ Relationship _____

Address: _____ City _____ Zip _____

Telephone _____

South Wasco County School District # 1 reserves the right to conduct state and federal background checks.

Have you ever been convicted, plead no contest, or plead guilty to a felony or misdemeanor?

_____ Yes _____ No

If yes, please explain: _____

South Wasco County School District #1

Volunteer Privacy Information and Release Authorization

Please read the following carefully.

Application Information

I certify that all information in this application is true and complete.

I understand that any false information or omission of information will disqualify me from further consideration for volunteer work and will result in my dismissal.

References:

I understand that giving references is voluntary. If I provided references, I authorize and release personal references, employers (past and present) and if necessary other applicable entities to answer questions in regards to volunteer work, employment, ability, character.

Background Investigation

I understand, in consideration of my application, a background investigation will be conducted.

I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, drug screening or reference verification.

I authorize South Wasco County School District #1 to conduct the background investigation and release SWCSD#1 from responsibility for this investigation.

I understand the requested information is for the sole purpose of gathering accurate information for volunteer work at South Wasco County School District #1.

I have read and understand the above and by my signature consent to the above statements.

Applicant Signature

Date

SOUTH WASCO COUNTY SCHOOL DISTRICT #1

Volunteer Agreement

- A. In consideration for being permitted to perform the below-described activity(ies), the undersigned volunteer agrees to hold harmless SOUTH WASCO COUNTY SCHOOL DISTRICT #1, its officers, agents, and employees from and against all liability, claims, and demands, on account of injury, loss, or damage to volunteer, including without limitation, claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, employment claims, workers' compensation claims, or any other loss of any kind whatsoever, which the volunteer may personally sustain during the course of performing his/her activities with the district.
- B. Volunteer acknowledges that there is no workers' compensation coverage available to the volunteer for activities performed within this agreement.
- C. Volunteer acknowledges that they are not a district employee and have no employment rights. Their acceptance and activities as a volunteer shall be at the discretion of the District, and such services may be discontinued at any time without cause.
- D. Description of activity(ies) to be performed: _____

- E. Period during which activity(ies) are to be performed: _____

Executed on this _____ day of _____, 20____ by _____
and the person whose name and signature appear below:

Agreed to by:

Agreed to by:

Volunteer signature

School Administrator

Printed name of signer

Date

Parental/legal guardian signatures: (Each parent/legal guardian must complete the following if the volunteer is under 18 years of age.)

I am/we are the parent(s)/legal guardian(s) of the volunteer and by my/our signature, agree to be bound by and responsible for all of the provisions of this Release and Indemnification Agreement, on behalf of ourselves, the volunteer, and the successors, representatives, heirs, executors, assigns, and transferees of ourselves and the volunteer. I/we consent to the execution of this Release and Indemnification Agreement and Participation in the above-described activity(ies).

By: _____

Date: _____

By: _____

Date: _____

Printed names of parent(s)/legal guardian(s)

Oregon Department of Education
Public Service Building
255 Capitol Street NE
Salem, Oregon 97310

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

Office of Finance and Administration
Pupil Transportation and Fingerprinting
503-947-5887

THIS FORM MUST BE ENCLOSED WITH THE 581-2281-N SCHOOL/DISTRICT COVER FORM AND A CHECK FOR \$5.00 PER APPLICANT.
ALL DOCUMENTS MUST BE MAILED TOGETHER TO THE DEPARTMENT OF EDUCATION.

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: _____