



Volunteer Criminal History Verification Application

Human Resources Dept
36525 SE Industrial Way
PO Box 547 (mailing)
Sandy, OR 97055
(503)668-5541

*Complete this form and turn it in to the school/program
in which you wish to volunteer. All fields are required
unless otherwise indicated.*

Last Name	First Name	Middle Name	Gender		Date of Birth
			M	F	/ /

Driver's License number and state of issue	Social Security Number (Required)	List all other names previously used

Full Street Address	City	State	Zip code	Phone Number

Have you lived in Oregon for the last three years? Yes No

Have you **EVER** been convicted of any crime? Yes No

If Yes, List the date and all cities and states in which you have a criminal conviction.

Under District policy the District is required to deny volunteer privileges to anyone convicted of certain felonies and misdemeanors (those listed in ORS.342.143). In addition the District reserves the right to deny volunteer privileges to persons based on the nature and recentness of crimes and overall criminal record. The District or the school Principal may revoke a volunteer's privileges at any time if the volunteer's presence is considered disruptive or unsafe to the learning environment.

Oregon Trail School District strives to ensure a safe learning environment for our children. Therefore, any person that refuses a criminal background check will not be allowed to volunteer. There are no exceptions.

I authorize and direct the Sandy Police Department to conduct a criminal history background check via the Law Enforcement Data Systems (L.E.D.S). All information will be kept strictly confidential. I hereby exonerate, release and discharge you, your organization, its officers, agents, all references and employees from any liability or damages, whether in law or in equity, now and in the future, for complying with this request and for furnishing the information request by the bearer of this authorization form.

Applicant's signature: _____ Date: _____

Official Use Only			Investigator	Date
Cleared to volunteer	Yes	No-Reason: Disqualifier, Warrant, Serious Crimes, Other.		

Oregon Trail School District

School Volunteer Registration Form

Preferred School:

BMS CRMS Cottrell Firwood Kelso Naas OTPA SGS SHS WES WMS

Name Last: _____ First: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

E-mail Address _____

EMERGENCY INFORMATION: In case of an emergency, please notify:

Name _____ Home Phone _____

Address _____ Work Phone _____

Type of Volunteer:

Parent Student Community Member Other _____

Preferred Time for Volunteering:

Daily Weekly Monthly Occasionally

Preferred Day(s) of the Week:

Monday Tuesday Wednesday Thursday Friday

Time of Day Available: From _____ to _____

Type of Volunteer Work Preferred:

Classroom Library Clerical Special Events Field Trips Parent/Teacher Club

Resources/Enrichment:

Do you have any of the following you are willing to share with students?

Hobbies: _____

Profession: _____

Special Skills: _____

Comments or Ideas: _____

Child's Name: _____ **Grade:** _____ **Teacher:** _____

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Please complete both sides of this form. Form must be completed annually.

For School Volunteer Coordinator Use Only:

Completed Volunteer Orientation Training _____