Volunteer Application Form

School:_____

The information on this application is requested to match your skills, aptitudes and interests to our school. This information will be available to staff who request volunteers. If you have questions regarding the privacy of this information, you may discuss it with the building principal. Please return this form to the building principal.

Name:_____ Home Phone:_____

Address:_____ Work Phone:_____

City:_____ State:_____ Zip Code:_____

What types of duties/activities are you interested in volunteering for? Please circle.

Athletics (What sport)

Supervision

Tutoring (What subjects and levels)

Reading 1:1

Reading in small groups

Clerical needs such as filing and copying

Making phone calls

Supervision (Recess, Lunch, Etc)

Chaperone field trips

Handicraft (set making, craft time, costumes)

Musical interests

Social service needs

Community PR and mailings

Fundraising

Sports (Name:_____)

Clubs (Name:_____)

After hours work (Activity Set Up, Chaperoning, etc.)

Other _____

_____

When are you available to perform volunteer services for the school district?

Hours:_____Days:_____

Why are you interested in being a volunteer with this program? _____

_____

_____

Name and address of employer:_____

Please list two references:

Name:_____ Name:_____

Address:_____ Address:_____

City:_____ City_____

State:_____ Zip:_____ State:_____ Zip:_____

In making this application to be a volunteer, I understand that I am not an agent or employee of the Klamath Falls city Schools and I further understand that this form is not an application for employment, and that the Klamath Falls City Schools provide no auto insurance coverage for volunteers, and does not agree to indemnify said volunteer for any legal liability arising out of transporting any person while on a volunteer assignment.

Volunteer's signature:_____ Date:_____

In making this application to be a volunteer, I understand that the Klamath Falls City Schools routinely does criminal record checks of all volunteers for the position (s) for which I am applying. This check may be done on me if I sign below. If I fail to provide a signature, it may be grounds for rejecting me as a volunteer.

Volunteer's signature:_____ Date:_____

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

Office of Finance and Administration
Pupil Transportation and Fingerprinting
503-947-5600

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:_____

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