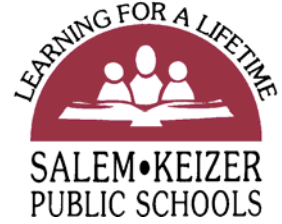


Criminal History Check Packet Volunteers Only



Name: _____
Last First Middle

Phone Number: _____

Please Check One:

- Volunteer Name of School or Location: _____
- Mentor Name of School or Location: _____
- Student Teacher Name of University or College: _____
- Coach Name of School or Location: _____
- Other (Please Explain): _____

Instructions:

Please answer all questions on this form. Do not leave any areas blank. If information requested does not apply to you write in “NA” for not applicable or the word “none.” If you have any questions please don’t hesitate to call Kathy Holt at 503-399-3061.

Providing your social security number is voluntary. If you do provide your social security number, we will use it to ensure that we do not misidentify you. Your social security number will be used only as stated above. State and federal laws protect the privacy of your records.

Backgrounds will be verified. Falsifying or not disclosing information may result in disqualification of your application or termination of your volunteer assignment. If in doubt, we suggest you disclose and explain rather than conceal. If you answer “no” to any questions based upon an “expungement”, order “setting aside” or “sealing” of a record of a conviction or conditional discharge, you must personally verify with the court directly involved that the expungement, setting aside or sealing actually has taken place. An erroneous belief that a conviction has been expunged, sit aside or sealed, when in fact it has not, will be deemed a false statement.

Completed forms may be returned to the school where you wish to volunteer or sent directly to:
Salem-Keizer School District, Human Resources Dept, PO Box 12024, Salem, OR 97309

Name: _____

Yes No Are you a current or former employee of the Salem-Keizer School District?

Yes No Have you ever been approved as a **volunteer** for a school district or non-profit organization? If YES, please list:

Yes No Have you EVER been the subject of a substantiated report of **child abuse or sexual conduct** involving a K-12 student or minor child? If YES, please explain:

Yes No Are you CURRENTLY the subject of an ongoing investigation related to a report of suspected **child abuse or sexual conduct** involving a K-12 student or minor child? If YES, please explain:

Yes no Have you EVER been reprimanded, disciplined or placed on probation by a **licensing agency** (including but not limited to the Oregon Teacher Standards and Practices Commission) or had a professional license revoked, suspended, or denied? If yes, please explain:

Yes no Have you ever had a **stalking or restraining order** placed against you? If yes, please provide the following:

Date(s) of Order	County and State	Name(s) of Protected Parties	Explanation of Circumstances

Yes No Have you EVER been convicted, pled guilty or pled nolo contendere (no contest) to any **felony or misdemeanor** in any municipal, justice, state, or federal court? If yes, please provide the following:

Name of Offense(s)	Date of Charge/ Conviction	County & State Where Occurred	Dates of Incarceration	Dates of Probation

Name: _____

Yes No Have you EVER been convicted, pled guilty or pled nolo contendere (no contest) to ANY **violation** in any municipal, justice, state or federal court? If yes, please provide the following:

Name of Offense(s)	Date of Charge/ Conviction	County & State Where Occurred	Dates of Incarceration	Dates of Probation

Yes No Have you EVER received **diversion** for any felony, misdemeanor, or violation in any municipal, justice, state or federal court? If yes, please provide the following:

Name of Offense(s)	Date of Charge/ Conviction	County & State Where Occurred	Dates of Diversion

Yes No Have you EVER been **arrested or cited** for any offense (felony, misdemeanor or violation) which is still pending in court? If yes, please provide the following:

Name of Offense(s)	Date of Charge/Conviction	County & State Where Occurred

**Authorization To Release Information
(Release From Liability And Waiver)**

As part of my volunteer application, I hereby consent to and authorize the release of any and all information to Salem-Keizer School District, which may be considered in evaluating my qualifications for volunteering. I therefore release all parties and persons connected with any request for information from all claims, liability and/or damages for whatever reasons arising out of furnishing such information.

To any law enforcement agencies, civil records authorities, and Salem-Keizer Public School District: I authorize you to release to the Salem-Keizer School District any and all information and civil or criminal records naming me, including all entries where I am named as being arrested, as a suspect, as being cited for any crime, violation, infraction or offense, or as otherwise involved or named in any report by any member agency of your organization.

I release the school district and all persons providing this information to the school district from any liability whatsoever for obtaining and providing that information, regardless of the results.

Signature

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: _____