

Volunteer Last Name: \_\_\_\_\_

**VOLUNTEER APPLICATION**  
**Philomath School District 17J**

Legal Name \_\_\_\_\_ Driv Lic #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony, excluding minor traffic offenses? No \_\_\_\_ Yes \_\_\_\_  
If yes, please explain on the back side of this form. See back \_\_\_\_

If you have children in the district, please list their names and anticipated graduation year(s).

Student's Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

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Student's Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

If you would be willing to dedicate one day per week, please contact the head secretary/teacher at the desired school, as follows:  
PHS (541-929-3211), PMS (541-929-3167), PES (541-929-3253), BL (541-453-4101), or CPS (541-929-2082).

Are you willing to work wherever you are needed in your child's classroom, if the time fits your schedule? Yes \_\_\_\_ No \_\_\_\_

Do you have a preference for helping out?

General Classroom: \_\_\_\_\_

Arts & Crafts: \_\_\_\_\_

Office/Clerical: \_\_\_\_\_

Computers: \_\_\_\_\_

Field Trips: \_\_\_\_\_

Specific Subject Matter: \_\_\_\_\_

Other \_\_\_\_\_

Additional comments regarding availability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Philomath Public Schools

Benton County School District 17J, 1620 Applegate Street, Philomath, OR 97370 (541) 929-3169

To New Employees & Approved Volunteers:

According to Oregon law, the Philomath School District shall require criminal records checks for volunteers and fingerprinting of all newly hired full-time and part-time employees. Others having direct, unsupervised contact with students shall also have criminal records checks and fingerprinting, as required by law

Please read and sign the following information.

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I understand that criminal history record checks (for volunteers) and fingerprinting procedures (for wage earners) are required by law and/or Board policy. Employment shall be offered prior to fingerprint/criminal history check. Upon notification by the Superintendent of Public Instruction or designee (or State Board of Education) that an individual has been convicted or has made a false statement as to conviction of any crimes prohibiting employment or contract status with the district, the Superintendent of the district shall terminate that employment (volunteer, or contract status) immediately.

I understand that an individual so terminated may appeal action taken by the district (as a result of such checks) in accordance with procedures established by law or by Board policy. Applicable appeal rights will be provided by the district upon such termination.

Any fees associated with criminal history records checks and fingerprinting, shall be the responsibility of the District.

Should I refuse to consent to criminal history records checks (or refuse to be fingerprinted) I shall be terminated from employment (volunteer, or contract status) by the Superintendent, immediately. I understand that individuals who have successfully completed an Oregon and FBI criminal history records check by a previous employer, and have not since resided outside Oregon, may be exempt from this requirement. I understand that it is my responsibility to inform the District of the existence of such records.

I hereby authorize any Law Enforcement Agency to release criminal history records to the Superintendent should the Superintendent request them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

→ → → → → over

# CRIMINAL HISTORY VERIFICATION OF APPLICANTS

**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: \_\_\_\_\_