

HARNEY COUNTY SCHOOL DISTRICT #3



VOLUNTEER APPLICATION



Northwest Regional Education Service District
5825 NE Ray Circle Hillsboro, OR 97124-6436
503-614-1428

Criminal History Verification of Applicants

Please type or print clearly.

As Appears on Legal Identification

Legal Name: _____
(Last Name) (First Name) (Middle Name)

List Other Names Previously Used: _____
(includes Maiden Name)

Social Security No: _____ DOB: _____ Gender: Male ___ Female ___

Driver License/Identification Card No.: _____ Issue State: _____

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 benefit to which you are otherwise entitled. If you do provide the number the district 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.

Address _____
Street Apt # City State Zip

- A. Have you **EVER** been convicted of a sex-related crime? Yes No
1. If yes, was the conviction in Oregon or another state? Please specify state: _____
2. If yes, did the crime involve force to minors? Yes No
- B. Have you **EVER** been convicted of a crime involving violence or threat of violence? Yes No
1. If yes, was the conviction in Oregon or another state? Please specify state: _____
- C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? Yes No
1. If yes, was the conviction in Oregon or another state? Please specify 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 NWRESA to verify the responses to the preceding questions.

I hereby grant to the school district permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the school district will conduct a criminal offender record check of applicants for all prospective school employees and volunteers 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 97323, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____

Date: _____

Harney County School District #3
550 North Court Avenue
Burns, OR 97720
Phone: 541-573-6811

FOR DISTRICT OFFICE USE ONLY	
School	_____
Days	_____
Hours	_____
Date Rec'd	_____

School Volunteer Application

Legal Name- First: _____	Middle Initial: _____	Last: _____
Mailing Address: _____	City: _____	Zip: _____
Contact Phone: _____	E-mail: _____	
Please list any other languages you speak or read: _____		
Availability - During School: _____	After School: _____	Evenings: _____ Weekends: _____
<small>Please specify days and hours you would like to volunteer.</small>		

Circle Schools/Grade level/Area where you want to volunteer. List specific teacher/room/event if applicable: K-5 (Elementary) 6-8 (Middle School) 9-12 (High School) Special Education English Learner Program Coaching P.E. Other _____
Specific Volunteer Interests: _____
Special talents, hobbies and/or skills/training you'd like to share: _____
Other: _____ (Eat lunch with my child; help with classroom parties; help with field trips, etc.)
I'm the parent/guardian of a student(s) and would like to volunteer in his/her grade level(s).
Student 1 - Name/Grade: _____
Student 2 - Name/Grade: _____

If you are volunteering for our athletic program, please list sports(s) qualifications and/or experience and preferred grade level (middle school or high school). _____ _____
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Two references:
Name: _____ Contact Phone: _____ Relationship: _____
Name: _____ Contact Phone: _____ Relationship: _____

Anyone who will be transporting students must also complete a Use of Personally Owned Vehicles form and provide proof of insurance.
Please return completed volunteer forms in person with photo ID to:
Muriel Wenick, HCSD #3 District Office, 550 North Court, Burns, OR 97720
Thank you for your interest in volunteering with HCSD #3 schools!

Signature: _____

**HARNEY COUNTY SCHOOL DISTRICT #3
550 North Court
Burns, OR 97720**

**CONFIDENTIAL INFORMATION
VOLUNTEERS**

The purpose of this form is to remind all volunteers of the importance of confidentiality when helping staff and students. By signing this form, you have acknowledged the seriousness of adhering to the following guidelines:

1. Any information shared during the time of volunteering regarding a specific student or group of students should not be discussed.
2. If information is brought to you by a child, you are responsible for sharing this information with the child's teacher, principal or counselor.
3. Do not take part in starting or continuing rumors about any staff or student's school activities and/or personal life.

Failure to act in accordance with this agreement may result in revoking your volunteer privileges.

I have read and understood the information referred to and contained on this form.

Signature: _____

Printed Name: _____

Date: _____

Harney County School District No.3

550 North Court Avenue

Burns, Oregon 97720

Phone 541-573-6811 Fax 541-573-7557

EMERGENCY CONTACT INFORMATION

Please fill this form out completely and return to the District Office. If more room is needed, continue on the back of the form. Thank you.

PERSONAL INFORMATION

Employee Name:	_____
Current Address:	_____ City _____
Mailing Address (if different than above)	_____ City _____
Home Phone Number:	_____ Cell Phone Number: _____
E-mail Address:	_____

SCHOOL/BUILDING INFORMATION

School:	_____	Address:	_____
City:	_____	Phone #:	_____
Principal:	_____	Supervisor:	_____

MEDICAL INFORMATION

Medical Conditions:	_____		
Medicine you are taking:	_____		
Physician's Name:	_____	Phone #:	_____
Address:	_____	City, State:	_____

EMERGENCY CONTACT INFORMATION

Name:	_____		
Relationship:	_____	Phone #:	_____
Address:	_____	City, State:	_____
Name:	_____		
Relationship:	_____	Phone #:	_____
Address:	_____	City, State:	_____

I authorize Burns-Hines School District personnel to seek medical attention on my behalf should the need arise.

Signature: _____

Print Name: _____

Date: _____