

SHERIDAN SCHOOL DISTRICT 48J
VOLUNTEER PACKET
Welcome!

Dear School Volunteer:

To protect the safety and welfare of children, Sheridan School District will be conducting criminal background checks on all volunteers who work directly with students. The District will be responsible for the processing and expense of the background checks. You are welcome to begin volunteering in the District while the results of the background check are being conducted. If you are a registered substitute with the NWRESA and have been fingerprinted, you do not need to have a background check to volunteer.

If you have any questions, please call the District Office at 971-261-6959. We appreciate your understanding and cooperation in this important matter.

RECORDING VOLUNTEER HOURS

- ❖ The records are used for verification of eligibility to receive benefits.
- ❖ School Staff will know where to find you in case of an emergency.
- ❖ Individuals engaged in approved volunteer projects are covered by district liability insurance.
- ❖ The district includes the number of volunteer hours that are donated to schools in the end of the year report.

VOLUNTEERS MUST:

- ❖ Volunteers must be reliable. Teachers and students are counting on you. If you can't get to school as planned, call the school office and leave a message. Schools run on tight schedules.
- ❖ Volunteers must protect the teachers' and students' rights to privacy. You may not disclose school affairs or personal matters which have come to your attention. Discuss student problems only with the teacher or staff member with whom you are working.
- ❖ Volunteers should communicate their needs to a staff member. You should talk over mutual expectations with the teacher before starting your assigned tasks and when clarification is needed. When problems occur, talk to the staff member.
- ❖ Volunteers should maintain a professional attitude. Although the job is voluntary, the commitment is professional. Your relationship to school personnel requires mutual respect and confidence. Recognize that your volunteer contribution is an example of an interested and informed citizen helping to improve the community.

DIRECTIONS FOR COMPLETING VOLUNTEER FORMS

1. Please fill out the volunteer Application form and return it to the building secretary. This form will be kept in the school building office.
2. Fill out the Criminal History Verification of Applicants form. It is important that you answer each question. Return this form to the building secretary. The building secretary will then send this form to the District Office.

If you have any questions, please call the District Office at 971-261-6959.

SHERIDAN SCHOOL DISTRICT 48J

435 S Bridge Street
 Sheridan, OR 97378

Phone: 971-261-6959

FAX: 503-843-3505

VOLUNTEER APPLICATION

Last Name	First Name	MI	Birthdate
Address		City	State
Phone Number		Cell Number	

List Hobbies and/or foreign languages spoken:

School(s) where you would like to volunteer:

- Faulconer -Chapman
 High School
 Angels Attic

Days and Times Available:

- Mon.
 Tue.
 Wed.
 Thru.
 Fri.

_____ **AM/PM**
Time

Type of work preferred (Please check):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Clerical | <input type="checkbox"/> Home Economics | <input type="checkbox"/> Reading Groups |
| <input type="checkbox"/> Classroom Helper | <input type="checkbox"/> Printing | <input type="checkbox"/> Bulletin Boards | <input type="checkbox"/> Music |
| <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Field Trips | <input type="checkbox"/> Fund-Raising Events | <input type="checkbox"/> Chaperons |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> P.E. | <input type="checkbox"/> Resource Center | <input type="checkbox"/> Math |
| <input type="checkbox"/> Library | <input type="checkbox"/> Drama | <input type="checkbox"/> Lunch Supervision | <input type="checkbox"/> Science |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> General Classroom | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> School to Work |
| <input type="checkbox"/> Coaching: List Sport(s) | <input type="checkbox"/> Football | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Basketball (Girls/Boys) |
| <input type="checkbox"/> Sporting Events: List event(s) | <input type="checkbox"/> Ticket Taker | <input type="checkbox"/> Crowd Control | <input type="checkbox"/> Ticket Taker |
| <input type="checkbox"/> Other: _____ | | | <input type="checkbox"/> Wrestling <input type="checkbox"/> Baseball <input type="checkbox"/> Track |
| | | | <input type="checkbox"/> Running the Clock |

Emergency Information:

In case of an emergency, please notify:

Name	Address	Phone
-------------	----------------	--------------

Doctor	Address	Phone
---------------	----------------	--------------

Applicant's Signature	Date
------------------------------	-------------



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

Mailing 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 NWRESD 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: _____