

SHERIDAN SCHOOL DISTRICT 48J
Interested in Volunteering?
Volunteers make the impossible possible!

Dear Parents, Guardians, Community Members and Volunteers:

The Sheridan School District welcomes and encourages parents and community members to actively participate in student learning by volunteering in our schools. The community-teacher-student-family relationship is an important part of ensuring success for all students, every day.

All prospective volunteers must complete a volunteer application.

Background checks will be conducted on all adults working with students as part of the application process in order to protect the safety and welfare of the children of the Sheridan School District. The District will be responsible for the expense and processing of the background checks. If you are a registered substitute with the Sheridan School District 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

- ❖ 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
 971 261 6959
 503 843 3505



VOLUNTEER APPLICATION

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

List Hobbies and/or foreign languages spoken:

School(s) where you would like to volunteer:

Falconer-Chapman School Sheridan High School

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 |

In order to volunteer, the State of Oregon is requiring proof of COVID-19 Vaccination status, or a COVID-19 vaccine exemption form. Please check the appropriate box below:

I have received the COVID-19 Vaccine (copy of card will be made)

I wish to complete a COVID-19 Exemption Form (please fill out the attached form)

Emergency Information:

In case of an emergency, please notify:

Name	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: _____

COVID-19 Vaccine Religious Exception Request Form

Instructions: Please refer to the [Instructions for filling out the COVID-19 Religious Exception Request Form](#). If you are requesting an exception from the COVID-19 vaccination requirement for religious reasons you must fill out this form and **submit it to your employer or other responsible person**.

DO NOT SEND THIS FORM TO THE OREGON HEALTH AUTHORITY.

I am requesting an exception from the COVID-19 vaccination on the basis of a sincerely held religious belief.

Individual's name:	Date of birth:
Phone number:	
Employer/Organization:	Job Title/Position:

Please check the boxes below as appropriate and complete related questions:

Receiving the COVID-19 vaccination conflicts with my religious observances, practices or beliefs as described below.

Please describe your religious belief and how it affects your ability to receive a COVID-19 vaccination

I certify the above information to be true and accurate and that I sincerely hold the religious beliefs described above.

Signature:	Date:
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Please note that if your exception request is approved, you may be required by your employer or other responsible party to take additional steps to protect you and others from contracting and spreading COVID-19. Workplaces are not required to provide this exception accommodation if doing so would pose a direct threat to the excepted individual or others in the workplace or would create an undue hardship.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673- 2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us.

COVID-19 Vaccine Medical Exception Request Form

Instructions: Please refer to the [Instructions for filling out the COVID-19 Medical Exception Request Form](#). If you are requesting an exception from the COVID-19 vaccination requirement for medical reasons you must fill out this form and **submit it to your employer or other responsible person**.

DO NOT SEND THIS FORM TO THE OREGON HEALTH AUTHORITY.

I am requesting an exception from the COVID-19 vaccination requirement on the basis of a diagnosed physical or mental condition that limits my ability to receive the COVID-19 vaccination, as certified by my medical provider below.

Individual's name:	Date of birth:
Phone number:	
Signature:	Date:
Employer/organization:	Job title/position:

Please note that if your exception request is approved, you may be required by your employer or other responsible party to take additional steps to protect you and others from contracting and spreading COVID-19. Workplaces are not required to provide this exception accommodation if doing so would pose a direct threat to the excepted individual or others in the workplace or would create an undue hardship.

Statement from Medical Provider

Your patient, named above, has requested an exception to the COVID-19 vaccination requirement due to a medical condition. Please provide the information below.

Please check an option below and complete related questions:

The patient should not receive the COVID-19 vaccination due to a medical condition.

What is the medical condition that prevents them from receiving the COVID-19 vaccination?

Yes No Is the medical condition permanent?

Yes No Is the medical condition temporary? If yes, what is the expected duration?

Please describe how this medical condition impacts their ability to receive the COVID-19 vaccination.

- The patient may not receive a certain type of COVID-19 vaccination. The patient may receive a vaccination manufactured by _____.
- The patient may receive a COVID-19 vaccination.

I certify the above information to be true and accurate.

Printed name of medical provider:	Date:
Signature of medical provider:	Work address:
	Work telephone number:

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