# 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 NWRESD 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:**

- ❖ <u>Volunteers must</u> 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.
- ❖ <u>Volunteers must</u> 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

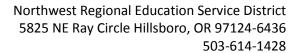
Phone: 971-261-6959 FAX: 503-843-3505

#### **VOLUNTEER APPLICATION**

Last Name First Name		MI		Birth	Birthdate	
Address		City		State Z	ip	
Phone Number	Cell Number					
List Hobbies and/or foreign la	inguages spoken:					
School(s) where you would like	ke to volunteer:					
Faulconer -Chapman	High School	Angels Attic				
Days and Times Available:						
Mon. Tue. W	/ed. Thru. Fri.			AM	1/PM_	
Type of work preferred (Pleas	se check):	Tim	ne			
☐ Arts & Crafts	☐ Clerical	☐ Home Economics		eading Groups		
☐ Classroom Helper ☐ Computer Lab	☐ Printing ☐ Field Trips	☐ Bulletin Boards ☐ Fund-Raising Events	□ cı	lusic haperons		
<ul><li>☐ Foreign Language</li><li>☐ Library</li></ul>	☐ P.E. ☐ Drama	<ul><li>Resource Center</li><li>Lunch Supervision</li></ul>		lath cience		
☐ Tutoring	☐ General Classroom	☐ Grant Writing	☐ So	chool to Work		
<ul><li>☐ Coaching: List Sport(s)</li><li>☐ Sporting Events: List event(s)</li><li>☐ Other:</li></ul>	☐ Football ☐ Volleyball ☐ Ticket Taker ☐ Crowd Control	<ul><li>☐ Basketball (Girls/Boys)</li><li>☐ Ticket Taker</li></ul>		restling  Baseball  Unning the Clock	Track	
Emergency Information:						
In case of an emergency, pleas	se notify:					
Name	Address		Phone			
Doctor	Address		Phone			

Date

**Applicant's Signature** 





## **Criminal History Verification of Applicants**

Please type or print clearly.

As Appears on Legal Identification

Legal Na	me:				
(Last Name)		(First	Name)	(Middle Name)	
	r Names Previously Used: includes Maiden Name)				
Social Se	curity No:	DOB:		_ Gender: Male Fema	ale
Driver Lic	ense/Identification Card No.:			Issue State:	
rights, servi	our social security number on this form is voluntar ces or benefit to which you are otherwise entitled. Your social security number will be used as stated	If you do provide the nun	nber the district will use	e it as an additional identifier to search	
Address					
	Street	Apt #	City	State	Zip
Mailing A	ddress				
	Street	Apt #	City	State	Zip
A. Have	Yes No				
1.	f yes, was the conviction in Oregon or	another state?	Please speci	ify state:	
2.	f yes, did the crime involve force to mi	nors?			Yes No
B. Have	you <u>EVER</u> been convicted of a crime in	nvolving violence or	threat of violence	?	Yes No
1.	f yes, was the conviction in Oregon or	another state?	Please speci	ify state:	
C. Have	you <b>EVER</b> been convicted of a crime in	nvolving criminal act	tivity in drugs or a	Icoholic beverages?	Yes No
1.	f yes, was the conviction in Oregon or	another state?	Please speci	ify state:	
D. Have	you <b>EVER</b> been convicted of any othe	r crime except a mir	or traffic violation	?(Includes Traffic Crimes)	Yes No
E. Have	you been arrested within the last three	years for a crime fo	r which there has	not yet been an acquittal or	dismissal?
					Yes No
Advisory:	A check of the applicant's criminal his	tory will be made by	the NWRESD to	verify the responses to the p	receding questions.
Regardle prospecti for inaccu rights law industries	grant to the school district permission to see of whether the applicant grants consider school employees and volunteers was at the conference of the applicant may obtain further information. Civil Rights Division, State office Built edge reading and the receipt of this not	sent, the school dist vorking with or arour nination by an emplormation concerning Iding, Suite 1070, Po	rict will conduct a nd children. The a oyer on the basis the applicant's rig	criminal offender record chec pplicant is entitled to review h of arrest records alone may whits by contacting the Bureau	ck of applicants for al his/her criminal histor riolate federal civil of Labor and
Applicant	's Signature:			Date:	