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:

- ❖ <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.
- ❖ <u>Volunteers should</u> 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.

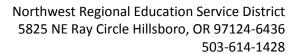


SHERIDAN SCHOOL DISTRICT 48J 435 S Bridge Street Sheridan, OR 97378 971 261 6959 503 843 3505



VOLUNTEER APPLICATION

Last Name	First Name		MI	Birthdate		
Address		City	State	Zip		
Phone Number		Cell Number				
List Hobbies and/or foreign la	nguages spoken:					
School(s) where you would lik	e to volunteer:					
Faulconer-Chapman Sch	ool	Sheridan High Schoo	ol 🗌			
Days and Times Available:						
Mon. Tue. V	Ved. Thru. Fri.	Time		AM/PM		
Type of work preferred (Please	e check):	Time				
☐ Arts & Crafts ☐ Classroom Helper ☐ Computer Lab ☐ Foreign Language ☐ Library ☐ Tutoring ☐ Coaching: List Sport(s) ☐ Sporting Events: List event(s)	Clerical Printing Field Trips P.E. Drama General Classroom Football Volleyball Ticket Taker Crowd Control	Home Economics Bulletin Boards Fund-Raising Events Resource Center Lunch Supervision Grant Writing Basketball (Girls/Boys) Ticket Taker	Reading Gro	/ork]Baseball □ Track		
Other:	☐ Health and Wellness Committee					
Emergency Information: In case of an emergency, please	a notify:					
in case of an emergency, pieas	e nougy.					
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	(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 virights, services or benefit to which you are otherwise may have. Your social security number will be used a	entitled. If you do provide the num	ber the district will use	it as an additional identifier t	•	,
Address					
Street	Apt #	City	State	Zip	
Mailing Address					
Street	Apt #	City	State	Zip	
A. Have you EVER been convicted of a s	ex-related crime?			Yes	No
1. If yes, was the conviction in Oreg	gon or another state?	Please specif	y state:		
2. If yes, did the crime involve force	e to minors?			Yes	No
B. Have you EVER been convicted of a c	rime involving violence or	threat of violence?)	Yes	No
1. If yes, was the conviction in Oreg	gon or another state?	Please specif	y state:		
C. Have you EVER been convicted of a c	rime involving criminal acti	vity in drugs or ald	coholic beverages?	Yes	No
1. If yes, was the conviction in Oreç	gon or another state?	Please specif	y state:		
D. Have you EVER been convicted of any	y other crime except a mine	or traffic violation?	(Includes Traffic Crimes) Yes	No
E. Have you been arrested within the last	three years for a crime for	which there has i	not yet been an acquit	ttal or dismissal?	
				Yes	No
Advisory: A check of the applicant's crimin	nal history will be made by	the NWRESD to v	erify the responses to	the preceding q	uestions.
I hereby grant to the school district permis Regardless of whether the applicant grant prospective school employees and volunt for inaccurate or incomplete information. I rights law. The applicant may obtain furthe industries, Civil Rights Division, State office.	is consent, the school distreers working with or around Discrimination by an emploer information concerning to Building, Suite 1070, Po	ict will conduct a c d children. The ap yer on the basis c he applicant's righ	criminal offender recorplicant is entitled to refer arrest records alone its by contacting the E	rd check of applic eview his/her crim may violate fede Bureau of Labor a	inal histor ral civil
I acknowledge reading and the receipt of	uns nouce.				
Annlicant's Signature			Date:		