



2018-2019

## VOLUNTEER APPLICATION

*There has been a growing need to ensure the well being of our students. We must request that you complete the Criminal History Background Check Information (on the back) so that we can do a background check. Sweet Home School District strives to ensure a safe learning environment for our children and staff. Therefore, any person that refuses a criminal background check will not be allowed to volunteer. This form must be completed annually and there are no exceptions.*

*We appreciate your help and understanding in this process.*

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do you currently have fingerprints on file with Sweet Home School District?  Yes  No

School(s) you wish to volunteer at:  Foster Elementary  Oak Heights Elementary  
 Hawthorne Elementary  SH Junior High  
 Holley Elementary  SH High School

Program(s) you wish to volunteer for: \_\_\_\_\_

### COACH

If volunteering to coach, have you successfully completed the online Concussion Training Program in the past year?  Yes  No

If answer is "No", you may not coach until proof of successful completion of the training program is submitted. The program is online at: <http://www.osaa.org/healthandsafety/concussion.asp>.

### COLLEGE DEGREE STUDENT

Complete the following program status:  MAT  Pre-MAT |  Freshman  Sophomore  Junior  Senior

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

### REFERENCES

Name: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PERSONS TO NOTIFY IN CASE OF AN EMERGENCY

\_\_\_\_\_  
Name Relationship to You Phone Number

\_\_\_\_\_  
Name Relationship to You Phone Number

**Form must be filled out completely on front and back to process.**

# CRIMINAL HISTORY

## Background Check Information

(All information must be included in order to process.)

Name: \_\_\_\_\_  
 Last First Middle Maiden Name

Other Names Used \_\_\_\_\_

Gender:  Male  Female

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver License/ID Card No: \_\_\_\_\_ State: \_\_\_\_\_  
 Month Day Year

- A. Have you EVER been convicted of any sex-related crime?  Yes  No
- B. Have you EVER been convicted of any crime involving violence, threat of violence, theft, fraud or other crimes against public or justice?  Yes  No
- C. Have you EVER been convicted of any crime involving drugs or alcohol?  Yes  No
- D. Have you EVER been arrested? *Arrest includes physical custody, citations in lieu of arrest, major traffic offenses (including DUII), charges dismissed, not guilty and/or diversion program).*  Yes  No
- E. Have you EVER had a restraining order filed against you?  Yes  No
- F. Have you EVER been charged with a crime for which there has not yet been an acquittal or dismissal?  Yes  No

**If you checked YES on any question, you are required to complete the following for each YES answer:**

DATE	COUNTY	STATE	OFFENSE	EXPLANATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## VOLUNTEER AGREEMENT \*

I, \_\_\_\_\_, agree to volunteer for Sweet Home School District No. 55 and agree to the following: *(please initial each applicable statement)*

- \_\_\_\_\_ I have full knowledge of any risks involved in this activity.
- \_\_\_\_\_ I am physically fit and sufficiently trained to participate in this activity.
- \_\_\_\_\_ I will follow all policies and procedures applicable to this activity.
- \_\_\_\_\_ I understand that I have no medical coverage as a volunteer if I am hurt or injured.
- \_\_\_\_\_ I understand that as a volunteer, I am not covered by the district's workers compensation.
- \_\_\_\_\_ If I am under 18 years of age, my parent/guardian approves my participation. *(parent/guardian initial here)* \_\_\_\_\_

*I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from the program. I authorize Sweet Home School District No. 55 to make any necessary and appropriate investigations to verify the information contained herein.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Administrator

**\* If the event any information on this form changes, the applicant is required to complete a new Volunteer Agreement, at which time the District has the right to review the status of the application to re-determine volunteer eligibility.**

**Office Use Only:** Approved \_\_\_ Date: \_\_\_\_\_ Denied \_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_