



◆ 2019-2020 ◆

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
 Gender: Male Female
 Other Names Used _____

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

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

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

<u>DATE</u>	<u>COUNTY</u>	<u>STATE</u>	<u>OFFENSE</u>	<u>EXPLANATION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: _____