

North Clackamas School District Volunteer Application Form

<input type="checkbox"/> CRIS OK <input type="checkbox"/> OTHER
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Name _____ School _____

Address _____ Parent Non-parent Do you have children? Yes ___ No ___

City _____ State _____ Zip _____ If so, how many? _____ What ages? _____

E-mail _____ Student(s) Name(s) _____

Home Phone _____ Relationship to student _____

Cell Phone _____ Other names/Maiden Name _____

Work Phone _____ Birth date _____

Employer _____ Preferred Grade Level K-6 7-8 9-12

Occupation _____ Medical info in case of emergency _____

I waive and will not bring any claim against NCSD, including negligent acts of district agents, for damage to my personal property or any injury to myself as a result of my volunteer activity. I agree to this action to the fullest extent allowed by law. Applicants that fail to complete information, provide misrepresentations or untrue facts will be denied the opportunity to volunteer. Per NCSD policy/standard practice, in an effort to maintain a safe environment, a criminal history verification is required for some volunteer activities.

Applicant's Signature _____ Date _____

Check all preferred volunteer areas below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Lunch supervision | <input type="checkbox"/> Job shadow host |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Lunch Buddy | <input type="checkbox"/> Guest speaker |
| <input type="checkbox"/> Start Making A Reader Today (SMART) | <input type="checkbox"/> Bus Buddy | <input type="checkbox"/> Informational interview |
| <input type="checkbox"/> Math | <input type="checkbox"/> ASPIRE mentor for H.S. students | <input type="checkbox"/> Mock interview |
| <input type="checkbox"/> Science | <input type="checkbox"/> Library | <input type="checkbox"/> Worksite visit/tour |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Child care during parenting classes | <input type="checkbox"/> Classroom project advisor |
| <input type="checkbox"/> Art | <input type="checkbox"/> Backpack Buddies | <input type="checkbox"/> Career fair at the school |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Clerical/office help | <input type="checkbox"/> Junior Achievement presenter |
| <input type="checkbox"/> Foreign language: _____ | <input type="checkbox"/> Summer Food Program | <input type="checkbox"/> Mentorship |
| <input type="checkbox"/> Instrumental music | <input type="checkbox"/> Field trip driver/Chaperone | <input type="checkbox"/> Student internship |
| <input type="checkbox"/> Vocal music | <input type="checkbox"/> Wichita Community Center | <input type="checkbox"/> School enterprise advisor |
| <input type="checkbox"/> Student attendance | <input type="checkbox"/> Wichita Family Support Center | <input type="checkbox"/> Service learning |
| <input type="checkbox"/> College/career center | <input type="checkbox"/> Other _____ | |

Work/volunteer experience relating to areas of volunteer interest: _____

What days and times can you volunteer? _____

Can you volunteer Weekly _____ Monthly _____ Occasionally _____

How did you hear about the volunteer program?

- | | | | |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Local school | <input type="checkbox"/> Web site | <input type="checkbox"/> Brochure | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Poster | <input type="checkbox"/> From a parent | <input type="checkbox"/> Student |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Cable channel 28 (27 in Happy Valley) | <input type="checkbox"/> From a teacher | <input type="checkbox"/> Business |
| <input type="checkbox"/> Radio/TV | <input type="checkbox"/> Service club | <input type="checkbox"/> Newsletter | |
| <input type="checkbox"/> Church/place of worship | <input type="checkbox"/> From a friend | <input type="checkbox"/> Other _____ | |

**If you know where you wish to volunteer, submit the form to that location.
If not, please mail to: Volunteer Coordinator, 4444 SE Lake Road Milwaukie, OR 97222**

PERSONAL REFERENCES

List 3 references (1 of each: employer or business, community and personal reference) who are not related to you:

Name: _____ Phone: _____ Email _____

Address: _____ City-State Zip: _____

Name: _____ Phone: _____ Email _____

Address: _____ City-State Zip: _____

Name: _____ Phone: _____ Email _____

Address: _____ City-State Zip: _____

EMERGENCY INFORMATION

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: _____ Ph: (H) _____ Ph: (W) _____

Address: _____

Doctor: _____ Phone: _____

Address: _____

Preferred Hospital: _____

Medical Insurance Coverage/Carrier: _____

Medical Insurance ID/Group Number: _____

Please list any medical information that would aid us in case of emergency (For example: bee sting allergy, epilepsy, drug allergy, medical alert bracelet.) _____

VOLUNTEER PLACEMENT

Date Approved _____ School/Program _____

Immediate Supervisor _____ Phone: _____

Volunteer placed as _____

Volunteer Coordinator's Signature _____ Date _____

North Clackamas School District

Volunteer Criminal History Verification/Background Check Authorization Form

**TO BE COMPLETED BY CANDIDATE
PLEASE PRINT ALL REQUESTED INFORMATION.**

Full Legal Name: _____
Last *First* *Middle*

Other Names Used: _____

Current Address: _____ **Phone:** _____

City/State/ZIP Code: _____ **E-Mail:** _____

Driver License # / State: _____ **Social Security #:** _____ **Date of Birth:** _____
(Optional) *(Optional)*

I waive and will not bring any claim against NCS D, including negligent acts of district agents, for damage to my personal property or any injury to myself as a result of my volunteer activity. I agree to this action to the fullest extent allowed by law. Applicants that fail to complete information provide misrepresentations or untrue facts will be denied the opportunity to volunteer. Per NCS D policy/standard practice, in an effort to maintain a safe environment, criminal history verification is required for some volunteer activities.

List all your previous addresses in the **last 10 years** including all school and military locations.

Date From	Date to	Complete Street Address	City/State	Zip
	Current			

North Clackamas School District

Volunteer Criminal History Verification/Background Check Authorization Form

WARNING: Falsely responding or failure to fully disclose information to the questions listed below may prohibit your employment or clearance for volunteer assignment. If you have any questions, be certain you ask before you submit this form. DO NOT ASSUME conviction records have been AUTOMATICALLY sealed, removed, or expunged.

- 1. Have you EVER been convicted of a sex-related crime? O yes O no
If yes, was the conviction in Oregon or another state? Please specify which state if not Oregon.
2. Have you EVER been convicted of a crime involving violence or threat of violence? O yes O no
If yes, was the conviction in Oregon or another state? Please specify which state if not Oregon.
3. Have you EVER been convicted of a crime involving criminal activity with drugs or alcoholic beverages? O yes O no
If yes, was the conviction in Oregon or another state? Please specify which state if not Oregon.
4. Have you EVER been convicted of any other crime except a minor traffic violation? This includes traffic crimes. O yes O no
5. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? O yes O no

If you answered yes to any of the above questions, please explain in detail on a separate piece of paper and attach.

Advisory: A criminal history and background check will be made by the North Clackamas School District (NCSD). Providing your social security number and drivers license on this form is optional for completing the criminal history verification and background check process.

The privacy act of 1974 (PL.93-579) requires that federal, state or local agencies inform individuals whose social security number is requested whether such disclosure is mandatory or voluntary, basis of authority for such solicitation and uses which will be made of it.

By signing below, I verify that the information I provided on this document is true and accurate to the best of my knowledge. I also understand that any false statements may be sufficient to deny me from any employment, contract or volunteer work with NCSD. I verify that I have read the warning statement above and agree to the terms and conditions of North Clackamas criminal history verification and background check process.

Applicant Signature _____ Date: _____

This section to be completed by NCSD.

Location Placed: _____ Date: _____

Additional Options: _____

Notes: _____

Volunteer Code of Confidentiality

North Clackamas School District is committed to maintaining the security and confidentiality of all student records and information. Selected volunteers with access to student records or information must adhere to the Volunteer Code of Confidentiality as outlined in the guidelines below.

1. All student records should be considered confidential.
2. Directory information, including a student's name, address, telephone number, date and place of birth, photograph, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received and previous educational agencies or institutions attended, can only be shared with administrative approval.
3. Records should not be left in a place where others can view them.
4. Copies of records can only be shared with administrative approval.
5. Volunteers should not discuss or repeat information overheard while in the staff lounge, classrooms, offices, school grounds, hallways, or school or extra curricular activities.
6. Volunteers should not discuss information obtained while in a classroom, such as a student's grade or behavior, with anyone other than the student's teacher.
7. Concerns or questions regarding student records or issues of confidentiality should be brought to the attention of the staff member that supervises the volunteer, and /or school administrator.
8. Any knowledge of a violation of this Code of Confidentiality should be immediately reported to the staff member that supervises the volunteer, and/or school administrator.

By signing, I acknowledge that I have read, understand, and will comply with the Volunteer Code of Confidentiality.

Volunteer Signature

Date

Administrator Signature

Date