

**LOWELL SCHOOL DISTRICT 71
DISTRICT VOLUNTEER PACKET**

PERSONAL INFORMATION

Legal Name: _____
First Last Suffix

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Home Address: _____
Physical Address – Not PO Box City State Zip

Mailing Address: _____
If different from Home Address City State Zip

VOLUNTEER INFORMATION

<p>Type of Volunteer: Select just one</p> <p><input type="checkbox"/> Parent/Guardian</p> <p><input type="checkbox"/> Non-Senior Student</p> <p><input type="checkbox"/> Senior Student</p> <p><input type="checkbox"/> College Student</p> <p><input type="checkbox"/> Other _____</p>	<p>Expected Volunteer Days: Select all that apply</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p>	<p>Expected Volunteer Times: Select all that apply</p> <p><input type="checkbox"/> Mornings</p> <p><input type="checkbox"/> Afternoons</p> <p><input type="checkbox"/> After School</p>
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EMERGENCY CONTACTS

Emergency Contact: Partner Parent Sibling Friend Other _____

Legal Name: _____
First Last Suffix

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

Emergency Contact: Partner Parent Sibling Friend Other _____

Legal Name: _____
First Last Suffix

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email Address:** _____

DUTIES & CONDITIONS

Volunteers are persons who donate time to assist in the educational program of the District. Assignment by the principal will be made on preference of the volunteer, the needs of the teacher(s) and available areas and times. There is no salary or fringe benefits for this position.

All volunteers are expected to:

1. Work cooperatively with the person to whom assigned
2. Keep any and all information regarding students confidential
3. Refrain from criticizing staff
4. Perform assigned tasks readily and completely
5. Work effectively with the particular age group assigned
6. Accept no duty which would place self or students in jeopardy of personal injury
7. Exhibit willingness to follow instructions
8. Exhibit willingness to receive training by staff person to whom assigned
9. Enforce the rules and regulations of Lowell School District
10. Report any injuries to self or others immediately to supervisor
11. Not use personal vehicles to transport students without permission from the parents (The District does not provide liability coverage. Primary coverage is the responsibility of the volunteers)
12. Always be under the direct supervision of a District staff person when working with students
13. Encourage scholarship and promote harmonious teacher-students relationships
14. Understand that the District provides no medical/time loss coverage for personal injuries while performing duties
15. Be willing to sign the Volunteer Packet forms
16. Be prompt and consistent in attendance on days, time, place agreed to when signing up

SIGNATURE

I verify that the information in this document is true and correct to the best of my knowledge. I accept the duties and responsibilities outlined above and understand they are required of me in order for me to be a volunteer. I acknowledge that the school reserves the right to remove me from my position at any time.

Volunteer Signature: _____ **Date:** _____

MM / DD / YY

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

**THIS FORM MUST BE ENCLOSED WITH THE 581-2281-N SCHOOL/DISTRICT COVER FORM AND A CHECK FOR \$5.00 PER APPLICANT.
ALL DOCUMENTS MUST BE MAILED TOGETHER TO THE DEPARTMENT OF EDUCATION.**

Please type or print clearly.

As Appears on License

Name: _____ Date of Birth: _____ Sex: _____
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used: _____
(includes Maiden Name)

Social Security No.: _____ Driver License/Identification Card No.: _____

Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

Mailing Address: _____
Full Street Address/Post Office Box

City: _____ State: _____ Zip + 4: _____

A. Have you **EVER** been convicted of a sex-related crime? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

If yes, did the crime involve force or minors? Yes No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? Yes No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____

D. Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes) Yes No

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? Yes No

Advisory: A check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, volunteer, or other prospective school employees working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____ Date: _____