

School: **NAMS**

Willamette Valley Concert Band
Mentoring Program

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

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: _____

Greater Albany Public Schools Volunteer Release

Greater Albany Public Schools (GAPS) wishes to thank you for your volunteer efforts that support our schools. District policy requires all volunteers become familiarized with the Volunteer policy. Please review the contents, complete and sign the release form.

The purpose of this waiver is to help protect the assets and the finances of the school district should an injury occur while volunteering for the District. ***For everyone's protection, GAPS requires all volunteers to sign this waiver prior to engaging in any volunteer activities.***

I, _____, do hereby represent to the Greater Albany Public School District 8J that I am volunteering to work with _____ school.

I understand that the district does not provide worker's compensation insurance for volunteers. Except in cases where the district is negligent in its actions, I am responsible for any and all costs associated with any injury obtained while volunteering for the District and agree to hold GAPS harmless.

I understand that I will be subject to annual screening and criminal history background checks that commensurate to my responsibilities I assume in working in the school. I also understand that I am expected to maintain the professional attitude of respecting the confidentiality of all information and activities related to students and other personnel in the school.

I am aware that I am to abide by the same district policies pertaining to appropriate behavior at school as employees, including, but not limited to, smoking, use of alcohol or controlled substances, profanity, discipline and the promotion of personal religious doctrine.

I understand that I am expected to contact the school as early as possible if I am unable to fulfill my volunteer obligation. I also understand that I am not to administer student discipline at the school.

I am aware that if I am under 18 years of age, my parent must also sign this form.

I have entered into this agreement freely and voluntarily.

Dated this _____ day of _____, 200_____.

Signature: _____

Printed Name: _____

Signature of Parent: _____

(Necessary for volunteers who are under 18 years of age.)