



CRIMINAL HISTORY CHECK PACKET

Volunteers Only

Name: _____
Last First Middle

PLEASE CHECK ONE:

- Volunteer *Name of School or Location:* _____
- Mentor *Name of School or Location:* _____
- Student Teacher/Intern *Name of University or College:* _____
- Volunteer Coach *Name of School or Location:* _____
- Other (Please Explain: _____)

INSTRUCTIONS:

PLEASE ANSWER ALL QUESTIONS ON THIS FORM. DO NOT LEAVE ANY AREAS BLANK. If information requested does not apply to you write in "NA" for not applicable or the word "none." If you have any questions please don't hesitate to call Human Resources/Prevention and Protection at 503-399-3061.

Providing your social security number is voluntary. If you do provide your social security number, we will use it to ensure that we do not misidentify you. Your social security number will be used only as stated above. State and federal laws protect the privacy of your records.

Backgrounds will be verified. Falsifying or not disclosing information may result in disqualification of your application or termination of your volunteer assignment. If in doubt, we suggest you disclose and explain rather than conceal. If you answer "no" to any questions based upon an "expungement", order "setting aside" or "sealing" of a record of a conviction or conditional discharge, you must personally verify with the court directly involved that the expungement, setting aside or sealing actually has taken place. An erroneous belief that a conviction has been expunged, set aside or sealed, when in fact it has not, will be deemed a false statement.

Completed forms may be returned to the school where you wish to volunteer or sent directly to:
Salem-Keizer School District, Human Resources Dept, PO Box 12024, Salem, OR 97309

If you prefer, you can submit a volunteer criminal history form online:
www.salemkeizer.org/content/human-resources/volunteer

Name: _____
Last First Middle

Date of Birth: _____ Sex: _____
MM/DD/YY

Yes No Are you currently enrolled as a **student** in the Salem-Keizer School District?
School you currently attend: _____
If YES, Student ID No.: _____

List Other Names Previously Used: _____
Includes Maiden Name

Last 4 digits of Social Security No.: _____ Driver Lic. / ID Card No.: _____ State: _____

Phone Number: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Yes No Are you a current or former **employee** of the Salem-Keizer School District?

Yes No Have you ever been approved as a **volunteer** for a school district or non-profit organization?
If YES, please list: _____

Yes No Were you previously approved to **volunteer** with the Salem-Keizer School District?
If YES, please list approximate date(s): _____

AUTHORIZATION TO RELEASE INFORMATION (Release From Liability & Waiver)

As part of my volunteer application, I hereby consent to and authorize the release of any and all information to Salem-Keizer School District, which may be considered in evaluating my qualifications for volunteering. I therefore release all parties and persons connected with any request for information from all claims, liability and/or damages for whatever reasons arising out of furnishing such information.

To any law enforcement agencies, civil records authorities, and Salem-Keizer Public School District: I authorize you to release to the Salem-Keizer School District any and all information and civil or criminal records naming me, including all entries where I am named as being arrested, as a suspect, as being cited for any crime, violation, infraction or offense, or as otherwise involved or named in any report by any member agency of your organization.

I authorize the Salem-Keizer School District to obtain information from a Credit Reporting Agency. Information obtained may include criminal records and/or verification of information I provided in the application. Credit information will not be obtained. I may request a copy of this record should my volunteer application be denied.

I release the school district and all persons providing this information to the school district from any liability whatsoever for obtaining and providing that information, regardless of the results.

By submitting this application, you are stating that you agree to comply with the information provided in the volunteer handbook (HUM-F046.) A copy of the handbook can be obtained at any district building, or online at www.salemkeizer.org.

Signature

Date

Name: _____

Yes No

Have you EVER been the subject of a substantiated report of **child abuse or sexual conduct** involving a K-12 student or minor child? If YES, please explain:

Yes No

Are you CURRENTLY the subject of an ongoing investigation related to a report of suspected **child abuse or sexual conduct** involving a K-12 student or minor child? If YES, please explain:

Yes No

Have you EVER been reprimanded, disciplined or placed on probation by a **licensing agency** (including but not limited to the Oregon Teacher Standards and Practices Commission) or had a professional license revoked, suspended, or denied? If yes, please explain:

Yes No

Have you ever had a **stalking or restraining order** placed against you? If yes, please provide the following:

Date(s) of Order	County and State	Name(s) of Protected Parties	Explanation of Circumstances

Yes No

Have you EVER been convicted, pled guilty or pled nolo contendere (no contest) to any **felony or misdemeanor** in any municipal, justice, state, or federal court? If yes, please provide the following:

Names of Offense(s)	Date of Charge / Conviction	County & State Where Occurred	Date of Incarceration	Date of Probation

Yes No Have you EVER been convicted, pled guilty or pled nolo contendere (no contest) to ANY violation in any municipal, justice, state or federal court? If yes, please provide the following:

Names of Offense(s)	Date of Charge / Conviction	County & State Where Occurred	Date of Incarceration	Date of Probation

Yes No Have you EVER received diversion or a deferred sentence for any felony, misdemeanor, or violation in any municipal, justice, state or federal court? If yes, please provide the following:

Names of Offense(s)	Date of Charge / Conviction	County & State Where Occurred	Date of Diversion

Yes No Have you EVER had criminal charges dismissed due to a civil compromise? If yes, please provide the following:

Names of Offense(s)	Date of Charge	County & State Where Occurred

Yes No Have you EVER been arrested or cited for any offense (felony, misdemeanor or violation) which is still pending in court? If yes, please provide the following:

Names of Offense(s)	Date of Charge/Conviction	County & State Where Occurred

Is there any other information you would like us to know?