Central Point School District

Volunteer Application

Circle the school you would like to volunteer in:

- Crater High
- Scenic Middle
- Hanby Middle
- Richardson Elem.
- Central Point Elem.
- Jewett Elem.
- Patrick Elem.
- Sams Valley Elem.

Name ________________________________ Date: ___________________

Address ______________________________________________________________________________

City __________________________ State _______ Zip ________________________

Home Phone:___________________ Cell:___________________ Work:___________________

May we call you at work? _____ Yes _____ No Email: ________________________________

In case of emergency, please notify

______________________________________________________________________________ __________________________

Name __________________________ Relationship __________ Phone __________

I am interested in volunteering for the following:

- Assist in my child’s classroom
- Assist in any classroom
- Clerical Help
- Field Trip Chaperone
- Coaching
- Activities/Club Advisor
- Parent Teacher Organization
- Participation in Site Council
- Special School Events
- Other ______________________________

Are you volunteering to fulfill requirements for a class or license? _____ Yes _____ No. If yes, for what organization/program? ________________________________

Please list the days and times that are best for you. For example, Mondays – 1-3 p.m.

___________________________________________________________________________

Please list the days and times that are NOT good for you.

___________________________________________________________________________

Would you be willing to assist with transportation needs from time to time? _____ Yes _____ No
CONDITIONS OF VOLUNTEER SERVICE

As a person volunteering to work in our public schools, you need to understand the extent to which you are covered by School District #6’s Liability and Accident Medical Expense Insurance. Eligible persons for these benefits will be authorized volunteers who perform functions for and on behalf of School District #6. An authorized volunteer is one who is enrolled and participating in the District’s organized volunteer program. To qualify for any insurance benefit, you must be an authorized volunteer prior to any need for insurance. School volunteers are covered by insurance subject to the following general conditions:

- You are working on a public school task assigned by an authorized supervisor of the school; and
- You have attended an orientation and received training for the specific volunteer task; and
- You limit your actions to the duty assigned; and
- You perform your assigned tasks in good faith and do not act in a manner that is reckless or with intent to inflict harm on others.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

TORT Liability

School volunteers are covered by the district’s general liability policy. The conditions and limits of this protection are available at the School District #6 Office located at 300 Ash Street, Central Point.

MOTOR VEHICLE LIABILITY

If you use a personally owned vehicle in the course of your duties, you are required to have automobile insurance to cover any accident involving that vehicle. If you transport students you must complete a district Auto Use Permit.

ACCIDENT INSURANCE

The School District provides a limited excess accident insurance policy for volunteers. For information regarding the policy please contact the district’s Business Manager.

REPORTING RESPONSIBILITY

If you have an accident that results in personal injury to yourself or if you are exposed to a potential liability situation while performing assigned duties, you must inform a teacher, the principal or building administrator as soon as possible. Written notice of claim must be given to the school district within 48 hours after the occurrence or the commencement of any loss covered by this policy or assumed thereafter as reasonably possible. Forms are available at the District #6 Office.
Jackson County School District #6

VOLUNTEERS

I have read and understand the above duties and conditions of volunteer service. If I agree to an assignment that requires me to use my own automobile, I understand that it is my responsibility to complete the district Auto Use Permit form and to have insurance to cover any accidents involving that vehicle.

Name ___________________________ Home Phone _______________________
Address __________________________ Work Phone _______________________

Emergency Contact Person
Name ___________________________ Home Phone _______________________
Address ____________________________
Doctor’s Name _____________________ Phone _________________________

Notice of Release of Information
A check for any criminal offender information may be made with the Oregon Department of Education.

Applicant’s Signature ____________________________

2/7/2012
Central Point School District 6
Criminal History Application

Please Type or Print Clearly

Name: ___________________ Date of Birth: ________________
(As Appears on License, First Name) (Last Name) MM/DD/YY
(Middle Name)

List Other Names Previously Used (Includes Maiden Name): ____________________________________________

Student’s Name (if applicable): _________________________________________________________________

Phone: ___________________ Driver License/Identification Card Number: ___________________ State: ______

Social Security Number: ___________________

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

A check of the applicant’s criminal history will be made by the Central Point School District.

Circle Answer

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

   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

C. Have you EVER been convicted of any other crime involving criminal activity in drugs or alcohol? ______
   Yes No

D. Have you EVER been convicted of any other crimes 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:
I hereby grant to the Central Point School District permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Central Point School District will conduct a criminal offender record check of applicants for all employees and volunteers, or other prospective 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

My signature acknowledges reading and the receipt of this notice, and I attest that all information provided is true and accurate to the best of my knowledge. It may be grounds for denial for service with the school district to knowingly make false statements regarding criminal history.

Applicant’s Signature: ____________________________________________ Date: ________________

Page 4 of 4

2/7/2012