

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
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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 _____

Central Point School District 6

Criminal History Application

Please Type or Print Clearly

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

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:

_____ City State Zip
Full Street Address/Post Office Box

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: _____