

Volunteer Application

All individuals who wish to volunteer must complete this Volunteer Application, a Criminal History Verification form, and pass a background check PRIOR to volunteering in any capacity.

**Please make sure all responses are THOROUGH and TRUTHFUL.
Providing false and/or omitted information will result in the DENIAL of your application.**

Your Information

Date	
Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone or Cell Phone	
E-Mail Address	

Availability

Please specify hours of availability for volunteer assignments.

- Mornings
 Afternoons
 Evenings

Schools you are interested in volunteering for: (Please circle)

May Roberts Primary

Aiken Elementary

Alameda Intermediate

Ontario Middle School

Ontario High School

Interests

Please list areas of interest for volunteering.

- Office Assistance Transportation Department / Bus Routes
 Library Assistance
 In the Classroom Other _____
 Field Trips
 Fundraising
 After-School Activities
 Weekly Lunch Buddy
 Sports / Coaching
 Volunteer activities from home

Return Forms to

School Parent Involvement Coordinator

or

Rosalinda Keen, Receptionist

Ontario School District

195 SW Third Avenue, Ontario OR 97914

541-889-5374 x 3221 Email: rkeen@ontario.k12.or.us



Criminal History Verification of Volunteer Applicants

Please make sure all responses are **THOROUGH** and **TRUTHFUL**.
Providing false and/or omitted information will result in the **DENIAL** of your application.

Please Print Clearly

NAME _____ Date of Birth _____ Sex _____

Last

First

Middle

MM / DD / YY

Other Names Previously Used (includes Maiden Name) _____

Social Security Number: _____ Driver's License/Identification Card No: _____ / State _____

Mailing Address: _____

Full Street Address

City

State

Zip

1. 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.) _____
If yes, did the crime involve force or minors? YES NO
2. 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.) _____
3. 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.) _____
Please specify date(s) of convictions. _____
4. Have you **EVER** been convicted of any other crime except a minor traffic violation? (includes Traffic Crimes) YES NO
5. 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
6. Are you currently, or have **EVER** previously been, the subject of an inquiry, review, or investigation for alleged misconduct or alleged violation of professional standards of conduct. YES NO

I hereby grant Ontario School District permission to check civil, criminal, or investigative records to verify any statement made on this form.

APPLICANT'S SIGNATURE _____ DATE _____