

## School Volunteer Application/Background Check Authorization

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Directions:** Please complete all fields that apply. An incomplete application will be returned to the school unapproved. Processing applications may take up to two weeks and need final approval by the Superintendent (or designee).

**Please check all areas you are interested in volunteering:**

- |   |  |                                    |  |
|---|--|------------------------------------|--|
| <input type="checkbox"/> Classroom                | <input type="checkbox"/> Playground/Recess | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Field Trips     |
| <input type="checkbox"/> Clubs                    | <input type="checkbox"/> Sports            | <input type="checkbox"/> Chaperone | <input type="checkbox"/> Office/Clerical |
| <input type="checkbox"/> Other: Please List _____ |  |                                    |  |

**At which district site would you to volunteer?** ☐ Elementary Campus ☐ Secondary Campus

☐ Natural Resource Center Campus ☐ Other: \_\_\_\_\_

**Tell us a little about yourself and why you want to volunteer at Butte Falls Charter School.**

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**Please list any skills or knowledge that you would like to share with us.** \_\_\_\_\_

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**Please list someone we can contact in an emergency:**

**Emergency Contact 1:**

Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_

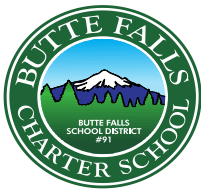
**Emergency Contact 2:**

Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please turn this over and complete the Background Check Authorization Form**



## Butte Falls Charter School/Butte Falls School District #91

### Background Check Authorization Form

**All Volunteer applicants are required to submit to a Criminal Background Check.** Background checks are required annually. The District will pay the fee associated with this Background Check. **Complete all items. Please print your responses.**

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name (As it appears on your Oregon Driver's License)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
List Other Names Previously Used: \_\_\_\_\_  
(Includes Maiden Name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
email

\_\_\_\_\_  
Oregon Driver's License/ID Card

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
Gender

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 State: \_\_\_\_\_

If yes, did the crime involve 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 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 State: \_\_\_\_\_

D. Have you EVER been convicted of any other crime except a minor traffic violation? (Includes traffic crimes)

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

E. Have you EVER been arrested within the past 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 NWRESA to verify the responses to the preceding questions.**

I hereby grant to the 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 school district will conduct a criminal offender record check of applicant for all prospective employees and volunteers working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employee on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicants rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office building, Suite 1070, Portland, Oregon 97323. (503) 731-4075

**I acknowledge reading and the receipt of this notice.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_