



Volunteer Application and Criminal History Check Packet

Name: _____
Last First Middle

I would like to volunteer as a: ☐ Classroom Volunteer Name of School: _____
☐ Volunteer Coach Name of School: _____
Sport or Activity: _____

I have completed the following required coaching courses: (Y/N If Yes, please note the date of completion)

» Certification through NFHS Coaches Education program NFHS Fundamentals of Coaching Course	Y N	Date _____
» Online Concussion Management Class NFHS Concussion Management Course	Y N	Date _____
» NFHS Guide to Heat Acclimatization and Heat Illness Prevention Course NFHS Learning Center	Y N	Date _____
» Online Steroid Training and Assessment Class - ODE Steroid Training and Assessment	Y N	Date _____
» First Aid/CPR Certification	Y N	Date _____
» Interrupting and Preventing Discriminatory Acts Training – IPDA Training Course	Y N	Date _____

INSTRUCTIONS:

PLEASE ANSWER ALL QUESTIONS ON THIS FORM. DO NOT LEAVE ANY AREAS BLANK. If the 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 at 541-966-3254.

Providing your social security number is voluntary. If you provide your social security number, we will use it to ensure that we do not misidentify you. Your social security number will only be used 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 has actually 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:

Pendleton School District, Human Resources Dept. 107 NW 10th St, Pendleton, OR 97801

Name: _____
Last First Middle

Date of Birth: _____ Sex: _____
MM/DD/YY M/F/X

List Other Names Previously Used: _____
Includes Maiden Name

Social Security #: _____ Drivers Lic./ID Card #: _____ State: _____

Phone Number: _____

Mailing Address: _____ State: _____ Zip: _____

Email Address: _____

- ☐ Yes ☐ No Are you a current or former **employee** of the Pendleton School District?
- ☐ Yes ☐ No Were you previously approved to **volunteer** with the Pendleton School District?
- If Yes, please list approximate date(s): _____
- ☐ Yes ☐ No Do you have children attending any schools in the Pendleton School District? If Yes, please list names, grades and schools attended:

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 Pendleton 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 Pendleton School District: I authorize you to release to the Pendleton 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 Pendleton School District to obtain information from a Credit Reporting Agency. Information obtained may include criminal records and/or verification of the 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.

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:

Name 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:

Name 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:

Name of Offense(s)	Date of Charge / Conviction	Name(s) of Protected Parties	Explanation of Circumstances

☐ 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/Conviction	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

I certify that the information provided in this application is the complete truth.

Signature

Date

1/2/2024