



# 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.

## 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)

**Aiken Elementary    Alameda Elementary    Cairo Elementary    May Roberts Elementary**  
**Pioneer Elementary    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  
Andrea Salazar, Administrative Assistant  
Ontario School District  
195 SW Third Avenue, Ontario OR 97914  
541-889-5374 x 3221 Email: [ansalazar@ontario.k12.or.us](mailto:ansalazar@ontario.k12.or.us)



# Criminal History Verification of Volunteer Applicants

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

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

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_