



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



Criminal History Verification of Volunteer Applicants

Please Print Clearly

Name _____ Date of Birth _____ Sex _____
 (Last, First, Middle) (MM/DD/YYYY)

Other Names previously used (includes Maiden Name) _____

Social Security Number: _____ Driver's License/ID Card # _____ / State _____

IF YOU DO NOT ANSWER THE FOLLOWING QUESTIONS TRUTHFULLY, YOUR APPLICATION WILL BE DENIED!

Have you <u>EVER</u> been convicted of a sex-related crime? (Including dismissed charges) 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 ____ YES ____ NO ____ YES ____ NO ____
Have you <u>EVER</u> been convicted of a crime involving violence or threat of violence? (Including dismissed charges) If yes, was the conviction in Oregon or another state? (Please specify if another state.) _____	YES ____ NO ____
Have you <u>EVER</u> been convicted of a crime involving criminal activity in drugs or alcoholic beverages? (Including dismissed charges) If yes, was the conviction in Oregon or another state? (Please specify if another state.) _____ Please specify date(s) of convictions. _____	YES ____ NO ____
Have you <u>EVER</u> been convicted of any other crime including minor traffic violations? (Traffic Crimes and dismissed charges)	YES ____ NO ____
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 ____
Have you previously been denied to volunteer for Ontario School District? (Please specify the reason for denial)	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 _____