



Criminal History Verification of Applicants

Please type or print clearly.

As Appears on Legal Identification

Legal Name: _____
(Last Name) (First Name) (Middle Name)

List Other Names Previously Used: _____
(Includes Maiden Name)

Social Security No: _____ DOB: _____ Gender: Male ___ Female ___

Driver License/Identification Card No.: _____ Issue State: _____

Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefit to which you are otherwise entitled. If you do provide the number the district will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

Address _____
Street Apt # City State Zip

A. Have you **EVER** been convicted of a sex-related crime? ___ Yes ___ No

1. If yes, was the conviction in Oregon or another state? Please specify state: _____

2. If yes, did the crime involve force to minors? ___ Yes ___ No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? ___ Yes ___ No

1. 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

1. 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 been arrested within the last 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 TSD9 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 applicants for all prospective school 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 employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and industries, Civil Rights Division, State office Building, Suite 1070, Portland, Oregon 97323, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____

Date: _____

Office use only:

ADULT VOLUNTEER WORKER CERTIFICATE

Child(ren) in Tillamook School District #9 schools Please list Name / School

1. _____
2. _____
3. _____
4. _____

I, the undersigned, donate my time as a volunteer worker in the public schools of Tillamook School District #9 and understand that the school district does not provide any compensation to, or for, me and does not provide any benefits to, or for, me.

Name of Volunteer Worker: _____
(Full name please)

Phone #: _____

Residence Address _____

City _____ State _____ Zip _____

Mail Address if different than residence address

IN CASE OF ACCIDENT:

Notify: _____ Phone # _____

The school district has my permission to call for an ambulance to transport me to the nearest Hospital in case of an accident that, in the belief of the administrator, is serious enough to call for an ambulance. In this event, neither the school district nor any of its employees shall be liable for any costs connected with the ambulance, hospital, or doctor's services.

Liability Waiver: I understand that my service as a volunteer does not entitle me to insurance protection different from any other visitor to the school campus. I understand that as a volunteer I am not entitled to workers compensation insurance from the school district. Any personal injury to myself or my property, as a result of my own actions, will not be the responsibility of the school district. I agree to report immediately to the building principal any injury to myself or my property. By signing this waiver, I am saying that I have read this waiver and understand the information on this form.

Signature _____ Date Signed _____

Adult Volunteer Worker

Building Administrator: Each adult volunteer worker must have this signed volunteer worker certificate filed with the school district office before any volunteer work is performed. This is to help protect the volunteer worker and the school district.