



290 First St. | PO Box 100
Gervais, OR 97026-0100

Phone: (503) 792-3803
Fax: (503) 792-3809

Volunteer Application

School I would like to volunteer at: GES (K-5) GMS (6-8) GHS (9-12) PRE-K

PERSONAL INFORMATION		
Last Name _____		First Name _____
Address _____		
City _____	State _____	Zip Code _____
Cell Phone _____	Home Phone _____	
Email _____		
Languages Spoken _____		

NAMES & GRADES OF STUDENTS (if applicable)			
Name _____	Grade _____	Name _____	Grade _____
Name _____	Grade _____	Name _____	Grade _____
Name _____	Grade _____	Name _____	Grade _____

TYPE OF VOLUNTEER	
<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Business Services
<input type="checkbox"/> Family Member	<input type="checkbox"/> High School Student
<input type="checkbox"/> Community Member	<input type="checkbox"/> College Student
<input type="checkbox"/> Other (please specify) _____	

AREAS OF INTEREST (select all that apply)	
<input type="checkbox"/> Assist in Classroom	<input type="checkbox"/> Breakfast/Lunch Duty
<input type="checkbox"/> Field Trips	<input type="checkbox"/> Assist in Library
<input type="checkbox"/> Special Events	<input type="checkbox"/> Homework Assistance (After School)
<input type="checkbox"/> Athletics	<input type="checkbox"/> Fundraisers
<input type="checkbox"/> Serve as Mentor	<input type="checkbox"/> After School Program
<input type="checkbox"/> Other (please specify) _____	

Signature _____

Date _____



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Volunteer Program

Volunteer Expectations

1. A completed "Volunteer Application Packet" must be on file before working with students.
2. Volunteers must sign in and out of the building and wear a volunteer name tag.
3. No physical or verbal reprimand is to be used to discipline students. Such matters must be referred to staff.
4. Students must not be left unattended, especially in the event of an emergency. Room communication systems are to be used to call for help or send a student to the office. Volunteers must not be left alone with students.
5. During an emergency drill, exit the building with student(s).
6. Volunteers should not handle bodily fluids. If a student is bleeding or vomiting, call for staff help.
7. Volunteers are to maintain a cheerful, professional attitude and respect confidentiality.
8. Volunteers must be reliable and notify the staff person as soon as he/she knows that he/she will not be able to attend on time.
9. Volunteers must display appropriate behavior pertaining to dress, smoking, profanity, discipline and the promotion of personal religious doctrine.
10. Difficulties can be learning opportunities. If an uncomfortable situation arises, a volunteer should contact his/her staff person or administrator.
11. Volunteers must follow the rules and expectations of district staff providing direct supervision.
12. Volunteers will never work in isolation with a student.
13. Volunteers must never communicate with a student via email or text messaging.
14. I acknowledge safety training must be completed as a condition of my application approval. Initial _____

I have read, understand and agree with these expectations. Initial _____

Criminal Background Check Acknowledgement

I understand that criminal background checks volunteers or contractors with GSD are required by law and/or Board policy. I hereby agree to such checks and understand my service is contingent on the results of such checks, as determined by GSD.

I understand that I am required to answer truthfully and completely all questions and requests for information as part of the volunteer application process, including those concerning background and criminal records, and that any false statement will be grounds for denial of volunteer services.

I understand that upon notification by Oregon Department of Education (ODE) that an individual has been convicted of or has made false statements as to conviction of any crimes that would prohibit volunteering with GSD, the superintendent or designee shall withdraw the volunteer status immediately.

I understand that should I refuse to consent to background and/or criminal records checks required by law or Board policy, I will not be considered for volunteer services.

Signature _____ Date _____

Print Name _____



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Criminal History Verification of Applicant

Please type or print name clearly: As it appears on Legal Identification

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

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

Phone: _____ Cell #: _____ Email: _____

Social Security No: _____ DOB: _____

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 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 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, 1800 SW 1st Ave., Suite 500, Portland, OR 97201, Phone (971) 245-3844.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____ Date: _____