



**SCHOOL DISTRICT**

*Preparing children for an ever changing world*

504 N. Third Ave. / PO Box 28  
Rockaway Beach, OR 97136

Phone: 503-355-2222

Fax: 503-355-3434

www.nknsd.org

**DISTRICT VOLUNTEER APPLICATION**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Email Address: \_\_\_\_\_

**ASSOCIATED WITH WHICH STUDENT OR GROUP:** \_\_\_\_\_

**WHO TO CONTACT IN CASE OF EMERGENCY:**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**REFERENCES (NON-FAMILY)**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

**VOLUNTEER EXPERIENCE:**

KIND OF EXPERIENCE: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

KIND OF EXPERIENCE: \_\_\_\_\_ ORGANIZATION: \_\_\_\_\_

**NOTICE OF RELEASE OF INFORMATION:** A check for any criminal offender information may be made with the State Police. In signing my name below, I authorize the Neah-Kah-Nie School District to contact my former employers, references listed on this application, or any other persons whom the district determines would assist in validating my capabilities as a volunteer or verifying any information I have provided on the application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Neah-Kah-Nie School District will mail you a letter of acceptance or denial. Your application will be valid for **three years**.

## CRIMINAL HISTORY VERIFICATION OF APPLICANTS

**Please type or print clearly.**

As Appears on License

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used: \_\_\_\_\_  
(includes Maiden Name)

Social Security No.: \_\_\_\_\_ Driver License/Identification Card No.: \_\_\_\_\_

*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 benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police 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.*

Mailing Address: \_\_\_\_\_  
Full Street Address/Post Office Box

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

A. 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.) State: \_\_\_\_\_

If yes, did the crime involve force or minors? [ ] Yes [ ] No

B. 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.) State: \_\_\_\_\_

C. 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.) 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 Oregon Department of Education to verify the responses to the preceding questions.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, volunteer, or other prospective school employees 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 97232, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOURS I AM AVAILABLE TO HELP:**

	MON	TUE	WED	THU	FRI	SAT	SUN
A.M.							
P.M.							

**I WOULD LIKE TO HELP STUDENTS IN THE FOLLOWING AREAS:**

- \_\_\_ Working with students and teachers in a classroom setting
- \_\_\_ Clerical assistance (office, library, newsletters, correspondence)
- \_\_\_ Special Education and/or handicapped programs
- \_\_\_ Mini-courses (sharing talents in a hobby or craft such as \_\_\_\_\_)
- \_\_\_ Extra-curricular programs (i.e., speech team, arts, plays, various club activities and sports,)
- \_\_\_ Fund-raising
- \_\_\_ Occasional evening/weekend functions
- \_\_\_ Promote Schools in the Community
- \_\_\_ Other Ideas \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Will this volunteer have unsupervised contact with students which requires fingerprinting:  Yes  No

Approved:  Yes  No      Date Notification Sent to Building: \_\_\_\_\_

## **DISTRICT VOLUNTEER GUIDELINES/AGREEMENT**

As a school volunteer you are a greatly needed resource. The tasks you will perform enhance the learning process for the students of Neah-Kah-Nie School District. The following list of information was compiled in order to help you provide the most effective service possible.

1. **BE POSITIVE** – Young people can be very sensitive and may have difficulty separating sarcastic humor from criticism. Listen to the way the teacher phrases directions and gives positive reinforcement. Teachers can serve as excellent role models. Avoid using sarcasm.
2. **DISCIPLINE WILL BE MANAGED BY THE TEACHER** – The volunteer’s role is to assist the teacher in whatever ways you can. If a discipline problem occurs, inform the teacher.
3. **BE DEPENDABLE** – Volunteers are very important. Therefore, it is essential for students and the teacher to know when a volunteer will be in the classroom. If you cannot come at a scheduled time, please call the office.
4. **FOLLOW DIRECTIONS** – Ask questions! A volunteer must listen carefully to the directions given. If you do not fully understand what you are to do *please* ask for clarification.
5. **MAINTAIN CONFIDENTIALITY** – Individual discipline problems, academic successes or failures, or any other student or staff discussions are to be kept confidential. Confidentiality is essential to protect the rights of privacy of students, parents, and teachers. Gossip can be hurtful to individuals and may cause liability problems for the district.
6. **INJURIES** – In the event that a volunteer is injured while performing volunteer services, an accident report must be filed with the school secretary as soon as possible. The district provides Worker’s Compensation insurance for volunteers when they are serving the schools.
7. **USE OF PERSONAL PROPERTY** – Volunteers who use their personal property while serving the schools do so at their own risk. Personal property is not covered under the district insurance policies.
8. **AUTO INSURANCE** – If a volunteer’s personal automobile is used for school use, the individual’s auto insurance is the “primary carrier.” A minimum of \$300,000 liability policy is needed for coverage within the state maximum liability claims.
9. **SIGN-IN SHEET** – All volunteers must sign in on the form in the school office when entering or leaving the building.
10. **SCREENING/TRAINING/SUPERVISING** – Volunteers will be interviewed, trained, and supervised by the staff within the building that they are working. A staff supervisor will be designated for each volunteer.
11. **COACHES** - Do you plan to volunteer more than three (3) days? If so NFHS (National Federation of High School’s) certification is required. Please log on to <http://www.osaa.org> and click onto the yellow box to your right that says Coaches Education. The fee for this training is \$50.00.

As a volunteer in the Neah-Kah-Nie School District, I understand that the supervising employee is responsible for determining my role in the classroom or program. My role does not include supervision or disciplining of students. The Neah-Kah-Nie School district reserves the right to refuse or terminate any volunteer services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for joining the volunteer’s team. We hope your experience as a volunteer is as rewarding to you as it is helpful to the students.*