



Northwest Regional Education Service District
5825 NE Ray Circle Hillsboro, OR 97124-6436
503-614-1428

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 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.

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 NWRESD 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: _____

CONFIDENTIALITY STATEMENT

Thank you for taking the time to volunteer in the Corbett School District. We are all very appreciative of your commitment to the quality of our children's education.

Confidentiality is an important part of the responsibility you have taken on. We must follow the same rules and regulations established for school district employees.

1. School confidences **MUST NOT BE VIOLATED!**

Volunteers shall not repeat information concerning student's or employee's private lives. You should keep in confidence any information you learn pertaining to a student's academic performance.

2. Personal or private conversations pertaining to any sensitive subject should be held away from the children.

3. Do not be critical and/or interfere with the school routine. The school has certain procedures which you may not understand. Take your concern to your teacher who will assist you in finding the information to help resolve your concern.

The scope and value of the volunteer's services to the school is unlimited. As a volunteer much of your success will depend on your positive and friendly approach.

I have read the above statements and understand them.

Printed Name: _____

Signature: _____

Phone #: _____ Date: _____

Teacher's Name: _____