

# SILVER FALLS SCHOOL DISTRICT 4J VOLUNTEER BACKGROUND INFORMATION

You must respond to each question with accurate and honest information. Failure to provide information or providing inaccurate information may result in the denial of your application. If it is determined that you have provided incomplete or inaccurate information, this determination will result in denial of your application.

Legal Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) Date of Birth

Place of Birth (City & State) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Oregon Driver's License Number \_\_\_\_\_ Volunteering at which School(s) \_\_\_\_\_

List any other names you have used **including maiden name** if one:

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Your home address: \_\_\_\_\_  
Street Apt. # City Zip

Your mailing address (if different than home address): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

List any other States you have lived in other than Oregon and the times in which you lived there:  
(If additional space is needed, use the Comments section of Page #2.)

State \_\_\_\_\_ Year(s) \_\_\_\_\_

State \_\_\_\_\_ Year(s) \_\_\_\_\_

State \_\_\_\_\_ Year(s) \_\_\_\_\_

State \_\_\_\_\_ Year(s) \_\_\_\_\_

Check  box if applicable. Those checking one or both of these boxes will be subject to a second and more in-depth level of background check, including a person's driving history and civil or criminal history related to financial matters.

- I would like to be approved to transport students in my own vehicle as a volunteer.
- I would like to be approved to handle school or school district money (not parent club money) in my work as a volunteer.

**Have you ever been arrested for or charged with a crime?      Yes      No**

*\*NOTE\* Actions taken by you or by others on your behalf, to Expunge, Set-Aside or clear records of arrest or prosecution DOES NOT remove your obligation to respond honestly to this question. (If additional space is needed, use the Comments section of Page #2.)*

\_\_\_\_\_  
 Crime                                      Year                                      Location (City & State)

\_\_\_\_\_  
 Crime                                      Year                                      Location (City & State)

**Have you ever been under Court Order prohibiting your contact with a person or place, such as a Restraining Order, Stalking Order or a “No Contact” order?      Yes      No**

If Yes, what was the nature of the action and where and when did this take place?

\_\_\_\_\_  
 Nature (such as Restraining or Stalking Order)                      Location (City & State)                      Year

\_\_\_\_\_  
 Nature (such as Restraining or Stalking Order)                      Location (City & State)                      Year

**Have you ever had your driving privileges revoked or suspended in this or any other State?      Yes      No**

\_\_\_\_\_  
 Reason why Suspended or Revoked                      Location (City & State)                      Year

\_\_\_\_\_  
 Reason why Suspended or Revoked                      Location (City & State)                      Year

Is there any information that you wish the district or representative to consider regarding any of your responses on this document or about any information that will be discovered during the investigation?

(Clearly print your name on first line and sign and date at the bottom of this authorization for release of information.)

*I \_\_\_\_\_, state that all the information on this form is accurate and complete and is provided in good faith. Through my signature below I authorize the Silver Falls School District, Willamette Education Service District and their representatives to investigate this information. Further, with my signature I give irrevocable consent to all governmental agencies, public or private companies and individuals to release information regarding me to the Silver Falls School District.*

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Background check application may take up to a calendar week to process.      Volunteers will be contacted *ONLY* if there are questions about the application or if it is denied.**

***IF YOU PREFER, YOU MAY SEND THIS FORM DIRECTLY TO THE SILVER FALLS SCHOOL DISTRICT OFFICE: Silver Falls School District; Attn: Superintendent’s Office; 612 Schlador Street; Silverton, OR 97381***