



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

F. Have you been convicted or been granted a diversion or conditional discharge by any court for any: (a) Felony; or (b) Misdemeanor; or (c) Major traffic violation including but not limited to: driving under the influence of intoxicants or drugs; reckless driving; fleeing from or attempting to elude a police officer; driving while your license was suspended, revoked or used in violation of any license restriction; or failure to perform the duties of a driver or witness at an accident? ___ Yes ___ No

Advisory: A check of the applicant's criminal history will be made by the NW Regional Education Service District 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: _____

VOLUNTEER APPLICATION

DAYTON SCHOOL DISTRICT NO. 8
780 Ferry St, PO Box 219, Dayton, OR 97114-0219
(503) 864-2215

Please complete the following information:

Printed Name _____

PO/Street Address _____

City/State Zip _____

Home Phone _____ Cell Phone _____

Email address _____

Volunteer position being applied for: _____

(A resume or list of related experience and references may be attached.)

In submitting my application to volunteer for Dayton School District #8 (the District), I hereby acknowledge the following:

1. My volunteer services shall be in accordance with District Board Policy IICC (located on District website: <https://daytonk12.org>);
2. The District shall conduct screening and background checks before utilizing my services, in accordance with state law; and
3. I will not receive compensation or financial gain now or in the future for services performed as a volunteer for the District.

Signature _____ Date _____

In case of emergency:

Spouse/Significant Other _____ Phone _____

Additional Contact _____ Phone _____

Physician's Name _____ Phone _____

For Building Office Use Only:	School Year _____
Volunteer Assignment _____	
Reports to _____	
Approved by _____	Title _____
Date _____	