



YCRC VOLUNTEER SERVICES APPLICATION FORM

Name: Last _____ First: _____ M.I. _____
 Date of Application: _____ Phone: _____
 Mailing Address: _____ City: _____ Zip: _____
 Physical Address: _____ City: _____ Zip: _____
 Occupation: _____ E-mail: _____
 Cell Phone: _____ Work Phone: _____
 May we contact you at work? Yes No

Emergency Contact:

Name: _____ Relationship: _____
 Phone: _____ Cell Phone: _____

Previous Volunteer Experience: _____

Personal Reference:

Name: _____ Relationship: _____
 Phone: _____ Cell Phone: _____
 Name: _____ Relationship: _____
 Phone: _____ Cell Phone: _____

Additional required information for background screening:

Have you ever been convicted of a crime including misdemeanors and felonies? Yes No

If yes please explain: _____

Are you at least 18 years old? Yes No Applicants under the age of 18 require consent of parent or legal guardian.

I would like to volunteer for these following activities:

- | | |
|---|--|
| <input type="checkbox"/> Classroom Support | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Class Field Trips | <input type="checkbox"/> Lavender Festival |
| <input type="checkbox"/> Winter and spring programs | <input type="checkbox"/> Derby Days |
| <input type="checkbox"/> Board Participation | <input type="checkbox"/> Other _____ |

VOLUNTEER ACKNOWLEDGEMENT AND CONSENT (please read and sign below)

- As part of the evaluation process, a consumer report including a criminal history background check will be obtained from one or more consumer reporting agencies. I give YCRC permission to obtain information regarding previous employment and volunteer experience, criminal history, and to investigate all information provided during the application process.
- I understand that I must comply with all laws, regulations, YCRC policies and YC School Districts policies while performing volunteer services and that use or possession of illegal drugs or alcohol is prohibited while performing volunteer services
- I will honor the confidentiality of YCRC families, volunteers, staff, sponsors and donors. I agree to consider information pertaining to medical conditions, family relations, phone numbers and addresses, sexual orientation and other facts of highly personal nature as confidential and therefore I understand that I am not to disclose this information to any person who is not authorized to have access to such information without the specific permission of the individual concerned.
- By submitting this application, I acknowledge that I have read and understand the above statement. I certify that all answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial and permanent bar to volunteering at YCRC.

Applicant _____ Date _____ Parent or Legal Guardian _____ Date _____

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: _____