

**Redmond School District 2J**  
**Human Resources Department**

145 SE Salmon Drive  
Redmond, Oregon 97756  
541-923-5437

Dear School Volunteer:

To protect the safety and welfare of children, Redmond School District conducts background checks on all volunteers that have direct, unsupervised contact with our students.

We realize that many of you have volunteered for years and provide an invaluable service to our schools. However, because the school district must be fair, thorough and consistent, the same guidelines and procedures must apply to everyone working closely with our students. Since school volunteers are an essential part of our educational team, and you will be having unsupervised contact with students we strongly hope you will grant us permission to conduct a background check. However, if you do not wish to participate due to personal reasons, we understand and respect your decision.

We conduct background checks to assure a safe, healthy learning environment for every student. This is a critical part of our mission as a public school district.

If you have any questions, please call the Human Resource Department. Ask to speak to the Director of Human Resources. You will be able to speak confidentially with a staff member who understands the process.

We appreciate your understanding and cooperation in this important matter.

Sincerely,

Lynn Evans  
Director of Human Resources

## **Volunteer Expectations**

**Dependability:** Children and staff look forward to the volunteer's commitment to report at an expected time.

**Professionalism:** The volunteer is a role model for children in dress, manner and behavior.

**Confidentiality:** The volunteer must respect the confidentiality of sensitive information. Children and their families should not be discussed outside the program or school environment.

**Communication:** The volunteer's success depends on effective communication. Asking questions and following directions are key components.

## **Directions for Completing Volunteer Forms**

1. Fill out the "Volunteer Application" form and the "Volunteer and Community Members Screening Authorization". It is important that you complete each question, including the driver's license number and sign the form on both lines. Incomplete applications will not be processed. If you would like to volunteer in more than one school please mark the school names on your application, you only need one application.
2. Return your application to the school secretary. All information is kept confidential.
3. If you are having unsupervised contact with students, and are subject to the criminal history records check, you will not be allowed to volunteer in an unsupervised manner until your school receives a clearance. Please check back with the secretary at your school to confirm you have been cleared to volunteer. You will not receive notification of your clearance. The approval/declination process may take a week or more depending on the time of year (the beginning of the school year and field trip season is the busiest.)
4. If there is a concern with the results reported from the background check, you will be contacted by the Director of Human Resources or the Principal of the school
5. **Always check in and record your volunteer hours in the volunteer log at the school office.**

If you have any questions, please contact Redmond School District Human Resources Department – Lynn Evans 541-923-5437

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 145 S.E. Salmon Drive  
 Redmond, Oregon 97756  
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Are you a current RSD Employee?  Yes  No  
 Did you volunteer last year?  Yes  No

**Volunteer Application  
 2015-2016**



**Please print legibly or type:**

\_\_\_\_\_  
 Last Name First Name M.I. Telephone Number

\_\_\_\_\_  
 Email Address Student's Name Teacher's Name

\_\_\_\_\_  
 Address City State Zip Code

**Emergency Contact Information**

\_\_\_\_\_  
 Individual's Name & Relationship Address Telephone Number(s)

**Days and times available**

Monday: \_\_ am \_\_pm Tuesday: \_\_ am \_\_pm Wednesday: \_\_ am \_\_pm Thursday: \_\_ am \_\_pm Friday: \_\_ am \_\_pm

**Type of Volunteering Preferred**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Alternative School | <input type="checkbox"/> ASPIRE              | <input type="checkbox"/> Bulletin Boards      | <input type="checkbox"/> Chaperones        |
| <input type="checkbox"/> Classroom Helper   | <input type="checkbox"/> Arts and Crafts     | <input type="checkbox"/> Clerical             | <input type="checkbox"/> Computer Lab      |
| <input type="checkbox"/> Counseling Office  | <input type="checkbox"/> Drama               | <input type="checkbox"/> Cooperative Learning | <input type="checkbox"/> Field Trips       |
| <input type="checkbox"/> Foreign Language   | <input type="checkbox"/> Fund-raising Events | <input type="checkbox"/> General Classroom    | <input type="checkbox"/> Lunch Supervision |
| <input type="checkbox"/> Home Economics     | <input type="checkbox"/> Intramurals         | <input type="checkbox"/> Library              | <input type="checkbox"/> Playground        |
| <input type="checkbox"/> Math               | <input type="checkbox"/> Music               | <input type="checkbox"/> P.E.                 | <input type="checkbox"/> Reading Groups    |
| <input type="checkbox"/> Portfolios         | <input type="checkbox"/> Print Shop          | <input type="checkbox"/> PTA Activities       |  |
| <input type="checkbox"/> Resource Center    | <input type="checkbox"/> Tutoring            | <input type="checkbox"/> Science              |  |
| <input type="checkbox"/> SMART              |  | <input type="checkbox"/> Other: _____         |  |

**Volunteer Experience**

Organization	Address & Phone Number	Dates

**Volunteer Expectations**

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- **Confidentiality:** The volunteer must respect the confidentiality of sensitive information. Children and their families should not be discussed outside the program or school environment.
- **Communication:** The volunteer's success depends on effective communication. Asking questions and following directions are key components.

**Please check all location where you want to volunteer:**

<input type="checkbox"/> <i>John Tuck Elementary School</i>	<input type="checkbox"/> <i>Tom McCall Elementary School</i>	<input type="checkbox"/> <i>Obsidian Middle School</i>
<input type="checkbox"/> <i>M.A. Lynch Elementary School</i>	<input type="checkbox"/> <i>Tumalo Community School</i>	<input type="checkbox"/> <i>Brown Education Center</i>
<input type="checkbox"/> <i>Sage Elementary School</i>	<input type="checkbox"/> <i>Vern Patrick Elementary School</i>	<input type="checkbox"/> <i>Redmond High School</i>
<input type="checkbox"/> <i>Terrebonne Community School</i>	<input type="checkbox"/> <i>Elton Gregory Middle School</i>	<input type="checkbox"/> <i>Ridgeview High School</i>

**Redmond School District  
Volunteer and Community Members Screening Authorization**

The undersigned consents to have Public Information Verification obtain any and all information concerning previous employment, obligations and all other matters which may be required in connection with their pre-employment or volunteer screening process. The undersigned consents to any other background check, including, but not limited to: criminal checks and driving records.

P.I.V. does not guarantee the accuracy of information received from various sources, which may contain errors and omissions. P.I.V. provides NO WARRANTY AS TO THE MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE FOR ANY INFORMATION. Original records may differ from computer entries. P.I.V. shall not be liable for any direct, indirect, incidental, or consequential damages caused by mistakes, omissions, deletions, error, or defects in any information provided by other sources.

P.I.V. shall provide a copy of the information received to the prospective employer. If the undersigned believes that any of the information provided is incorrect, the undersigned must notify P.I.V. within fourteen days (14) in order to allow P.I.V. to re-verify the information and provide a copy of the notice to the prospective employer. Questions regarding the pre-employment or volunteer checks should be directed to P.I.V. at (541) 548-5306 or via mail at Post Office Box 1913, Redmond, OR 97756.

## Please print legibly

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_  
*Last/ First/ Middle*

List Other Names Previously Used (including maiden name): \_\_\_\_\_

Oregon Driver License/Ident. Card Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Address: \_\_\_\_\_  
*Full Street Address and Mailing Address (if different)*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. **Have you EVER been convicted of a sex-related crime? ....** [ ] Yes [ ] No  
If yes, was the conviction in Oregon or in another state? Name of state:  
If yes, did the crime involve force or minors? [ ] Yes [ ] No
2. **Have you EVER been convicted of a crime involving violence or threat of violence?** [ ] Yes [ ] No  
If yes, was the conviction in Oregon or in another state? Name of state:
3. **Have you EVER been convicted of a crime involving criminal activity in drugs or alcohol?** [ ] Yes [ ] No  
If yes, was the conviction in Oregon or in another state? Name of state:
4. **Have you EVER been convicted of a crime except a minor traffic violation?.** [ ] Yes [ ] No
5. **Have you been arrested for a crime for which there has not yet been an acquittal or dismissal?** [ ] Yes [ ] No

I hereby grant the company, P.I.V., permission to check civil and/or criminal records to verify any statements made on this form.

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

Regardless of whether the applicant grants consent, P.I.V., will conduct a criminal offender record check of the applicants for the position of school bus driver, volunteer, or other prospective school employees working with or around children. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights laws. 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, OR 97232, telephone (503) 731-4075.

I acknowledge receipt of this notice:

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

THIS FORM MAY BE REPRODUCED OR PHOTOCOPIED,  
AND A COPY SHALL BE AS EFFECTIVE A CONSENT AS THE ORIGINAL