

Molalla River School District
CRIMINAL HISTORY VERIFICATION OF
VOLUNTEERS

FOR DISTRICT OFFICE USE	
Date _____	Approved <input type="checkbox"/> yes <input type="checkbox"/> no _____
Child Abuse Prevention Training _____	

Referring Staff _____ Principals Signature _____

COMPLETE CHILD ABUSE PREVENTION TRAINING, PRINT OUT CERTIFICATE OF COMPLETION AND STAPLE TO THIS APPLICATION.

Please type or print clearly. An incomplete application can not be processed.
As appears on license

Name: _____
(Last Name) (First Name) (Middle Name)

List Other Names Previously Used: _____
(includes Malden Name, do not leave this line blank)

I would like to volunteer at: _____

Social Security No.: _____ Driver License/ID 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.

Daytime Phone _____ Date of Birth: _____ Sex: _____
MM/DDYY

Mailing Address: _____

City: _____ State: _____ Zip + 4: _____

E-MAIL Address: _____

Please list all states in which you have lived. _____

- 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
 - C. If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____
 - D. Have you EVER been convicted of a crime involving criminal activity in drugs or alcoholic beverages? Yes No
 - E. If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____
 - F. Have you EVER been convicted of any other crime except a minor traffic violation? (Includes Traffic Crimes) Yes No
- 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 Molalla River School District to verify the responses to the preceding questions.

I hereby grant to Molalla River School District permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, Molalla River School District will conduct a criminal offender record check of applicants for the position of 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: _____