



## Areas of Preference/Needs

### Instructional Assistance

- Classrooms  
 Elem  MS  HS  
 Residential Halls  
 Elem  Girls  Boys  
 Athletic Activities

### Support Assistance

- Library  
 Offices  
 Media Services  
 Counseling Services

### Resource/Enrichment

- Drama  
 Student Organizations  
 Student Health Services

**Availability: Please put a check mark next to all the times you are available.**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> 8 a-12 p	<input type="checkbox"/> 8 a-12 p	<input type="checkbox"/> 8 a-12 p	<input type="checkbox"/> 8 a-12 p	<input type="checkbox"/> 8 a-12 p	<input type="checkbox"/> 8 a-12 p	<input type="checkbox"/> 8 a-12 p
<input type="checkbox"/> 12 p-3 p	<input type="checkbox"/> 12 p-3 p	<input type="checkbox"/> 12 p-3 p	<input type="checkbox"/> 12 p-3 p	<input type="checkbox"/> 12 p-3 p	<input type="checkbox"/> 12 p-3 p	<input type="checkbox"/> 12 p-3 p
<input type="checkbox"/> 3 p-5 p	<input type="checkbox"/> 3 p-5 p	<input type="checkbox"/> 3 p-5 p	<input type="checkbox"/> 3 p-5 p	<input type="checkbox"/> 3 p-5 p	<input type="checkbox"/> 3 p-5 p	<input type="checkbox"/> 3 p-5 p
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings
<input type="checkbox"/> On Call	<input type="checkbox"/> On Call	<input type="checkbox"/> On Call	<input type="checkbox"/> On Call	<input type="checkbox"/> On Call	<input type="checkbox"/> On Call	<input type="checkbox"/> On Call

### References (not related to you)

Name	Telephone	Years known
1. _____	_____	_____
2. _____	_____	_____

How did you learn of our volunteer program? \_\_\_\_\_

Have you volunteered at OSD before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Why are you interested in volunteering? \_\_\_\_\_

Will you receive HS or college practicum, community service, or work experience credit for volunteering? \_\_\_yes \_\_\_no

If yes, list school/college \_\_\_\_\_ Teacher or professor \_\_\_\_\_

*By my signature, I certify that I understand this is a volunteer position, NOT a paid position; that all answers and statements on this application are true and complete to the best of my knowledge; and, that should an investigation disclose untruthful or misleading answers, my application could be rejected for consideration and volunteer status terminated.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach a copy of your photo ID to this page.

## Conditions of Volunteer Service

### Oregon School for the Deaf

As a person working in a State of Oregon agency, you need to understand the extent to which you are covered by State of Oregon insurance for liability and personal injury/illness. Please read the following carefully and sign below.

#### Tort Liability

You will be protected from civil liability for injuries or damage to the person or property of others, subject to the following general conditions:

1. You are working on a state agency task assigned by an authorized agency supervisor;
2. You limit your actions to the duties assigned; and
3. You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to inflict harm to others.

#### Motor Vehicle Liability

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. State provided auto liability coverage will apply on a limited basis only after your primary coverage limits have been used.

#### Medical/Disability Insurance

Workers' compensation coverage through SAIF Corporation is provided to volunteers. Coverage can only be provided to authorized volunteers and for injuries incurred while performing authorized volunteer duties.

#### Reporting Responsibility

Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform the agency supervisor as soon as possible.

**I HAVE READ AND UNDERSTAND THE CONDITIONS OF VOLUNTEER SERVICE.**

Please print

Name (last, first M.I.)	Social Security Number
Address	Telephone
Signature	Date
In case of emergency, please notify _____	
Home Phone _____	Work Phone _____

## CRIMINAL HISTORY VERIFICATION OF APPLICANTS

Please type or print clearly.

As Appears on License

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last/First/Full Middle MM/DD/YY

List Other Names Previously Used: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Oregon 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.*

Address: \_\_\_\_\_  
Full Street Address

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: \_\_\_\_\_