



Criminal History Check Packet Volunteers Only

Volunteer Name: _____

Phone Number: _____

Please check one:

Volunteer Location _____

Mentor: School Name: _____

Student Teacher: College/University Name: _____

Instructions:

Please answer all questions on this form. Do not leave any areas blank. If information requested does not apply to you write in "NA" for not applicable or the word "none". If you have any questions please don't hesitate to call Kathy Holt at 503-399-3061.

Providing your social security number is voluntary. If you do provide your social security number, we will use it to ensure that we do not misidentify you. Your social security number will be used only as stated above. State and federal laws protect the privacy of your records.

Backgrounds will be verified back to your 18th birthday. Falsifying or not disclosing information may result in disqualification of your application or termination of your volunteer assignment. If in doubt, we suggest you disclose and explain rather than conceal. If you answer "no" to any questions based upon an "expungement", order "setting aside" or "sealing" of a record of a conviction or conditional discharge, you must personally verify with the court directly involved that the expungement, setting aside or sealing actually has taken place. An erroneous belief that a conviction has been expunged, sit aside or sealed, when in fact it has not, will be deemed a false statement.

If you have answered yes to any one question A-E, please complete the attached PER55 form.

**Please return completed forms to:
Salem Keizer School District
C/O Human Resources
PO Box 12024
Salem OR 97309-0024**

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: _____

FORM PER55

Salem Keizer School District 24J
2450 Lancaster Dr NE, PO Box 12024, Salem OR 97309-0024
503-399-3061

Name: _____ **Date of Birth** _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

Section A: If you have ever been convicted, plead guilty, plead nolo contendere (no contest) or received diversion to any felony, misdemeanor, or violation in any municipal, justice, state or federal court, please list information below. (See Section B for restraining and/or stalking orders).

Crime, Charge and/or Violation	Date of Charge	Court and Case Number	County and State	If you were incarcerated, please list dates:		List Probation Date and Condition		Name of Probation Officer
				From	To	Date	Condition	

Section B: Have you ever had a stalking or restraining order placed against you? Yes / No. If yes, please complete information:

Date of Order	Reason	Court and Case Number	County and State	If you were incarcerated, please list dates:		Who are the protected parties?	If children were involved, list name(s) and school(s) attending	Relationship to protected parties
				From	To			

Section C: Please add any additional information you would like us to consider in acting on your application