



Vernonia School District

Volunteer Application / Criminal Background Check

Return completed form to the District Office – 1201 Texas Avenue, Vernonia, OR 97064

Name (print) [First Middle Last] Social Security # [] Other Last Names Used (maiden) [] Date of Birth [] Driver's License # [] State [] Mailing Address [Address City Zip] Email Address [] Phone []

Please indicate by checking the appropriate box where you are applying to volunteer.

VERNONIA SCHOOLS K-12 BLDG [] MIST ELEM. [] BOOSTERS [] UNWC [] Have you been an approved volunteer for VSD before? YES [] NO []

Please respond to the following questions:

1. Have you ever been convicted of any crimes which are drug related or related to child abuse? [] Yes [] No
2. Have you ever been convicted of any crimes related to violence, including abuse prevention? [] Yes [] No
3. Have you ever been convicted of a major traffic violation, including DUI? [] Yes [] No
4. Have you ever been convicted of any misdemeanor or felony crimes? [] Yes [] No
5. Have you ever been arrested for a crime for which there has not yet been an acquittal or dismissal? [] Yes [] No

If you answered "yes" to any of the above questions, complete the following:

Date of Conviction [] County [] State []

Type of Offense []

Explanation: []

The facts set forth on this form are true and accurate. I understand that false statements on this form shall be considered sufficient cause for non-consideration as a volunteer. By my signature, I authorize Vernonia School District to conduct a criminal and/or civil history records check.

Signature: _____ Date: _____

Approved volunteer status is valid for 3 years. Upon expiration a new application is required to continue to volunteer.

For Office Use Only

Background Check Completed by: [] Approved [] Not Approved Date []

Conviction Matrix Reviewed [] Yes [] No Approved Status Expiration Date []