

Harney County School District #3  
190 Hines Blvd Burns, OR 97720  
Phone: 541-573-6811  
**School Volunteer Application**

Legal Name- First: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any other languages you speak or read: \_\_\_\_\_

Circle Schools/Grade Level/Area where you want to volunteer:

K-5 (Elementary)      6-8 (Middle School)      9-12 (High School)

Special Education      English Learner Program      Coaching      PE      Other \_\_\_\_\_

Specific Volunteer Interest: \_\_\_\_\_

Special talents, hobbies, and/or skills/training you'd like to share: \_\_\_\_\_

Other \_\_\_\_\_

(Eat lunch with my child; help with classroom parties, help with field trips, etc.)

I'm the parent/guardian of a student(s) and would like to volunteer in his/her grade level(s).

Student 1 – Name/Grade: \_\_\_\_\_

Student 2 – Name/Grade: \_\_\_\_\_

If you are volunteering for our athletic program, please list sports (s) qualifications and/or experience and preferred grade level (middle school or high school).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Two references:

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Anyone who will be transporting students must also complete a Use of Personally Owned Vehicles form and provide proof of insurance.

Please return completed volunteer forms in person to: HCSD#3 District Office, 190 Hines Blvd, Burns, OR 97720

Signature: \_\_\_\_\_

HARNEY COUNTY SCHOOL DISTRICT #3  
190 Hines Blvd  
Burns, OR 97720

**CONFIDENTIAL INFORMATION  
VOLUNTEERS**

The purpose of this form is to remind all volunteers of the importance of confidentiality when helping staff and students. By signing this form you have acknowledged the seriousness of adhering to the following guidelines:

1. Any information shared during the time of volunteering regarding a specific student or group of students should not be discussed.
2. If information is brought to you by a child, you are responsible for sharing this information with the child's teacher, principal or counselor.
3. Do not take part in starting or continuing rumors about any staff or student's school activities and/or personal life.

Failure to act in accordance with this agreement may result in revoking your volunteer privileges.

I have read and understood the information referred to and contained on this form.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

## 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 M/F/X

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 identified 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?

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: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Please fill this form out completely and return to the District Office. If more room is needed, continue on the back of the form.

### PERSONAL INFORMATION

Employee Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### SCHOOL/BUILDING INFORMATION

School: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

**I authorize Harney County School District 3 personnel to seek medical attention on my behalf should the need arise.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Harney County School District #3 – Volunteer Guidelines

Thank you for volunteering, and WELCOME to our district! HCSD#3 administration, staff, teachers, parents, volunteers and most importantly, the students, appreciate your time and effort. Please follow these simple steps to getting started:

**Volunteer Application and Background Check:** The Criminal Background check is required by the State of Oregon for all school volunteers. Your Drivers License # will be cleared via state database. The volunteer application will help match your skill and interests with the appropriate volunteer project or classroom. You will be contacted by a district employee when you are clear to begin volunteering.

**Sign In:** Each time you enter a school, please proceed to the Main Office and sign in. This allows our staff to keep track of volunteer hours for grant purposes, and to know who is in the building in case of an emergency. If you volunteer off site, please include your hours the next time you sign in.

**Badge/ID:** Please wear a Volunteer / Visitor badge or sticker while in the schools.

**Safety and Security/Emergency Situations:** Each school holds a monthly evacuation / emergency drill. Exit the building immediately upon hearing/seeing alarm signals and find the nearest adult employee for further instructions. Remember your common sense is the basis of our students' safety.

**Driver's Information and Insurance Form:** If you will be driving students to school related events, this form must be completed annually.

**Conduct:** School rules apply to volunteers as well as staff and students: language, dress code and zero tolerance for tobacco, alcohol and weapons. Each **School Handbook** outlines these expectations. One major exception is **cell phones:** adult volunteers may use cell phones as appropriate.

**Confidential Information:** You may be privy to information on grades, discipline, behavior, Individual Education Plan (IEP) classification and more. Students and teachers trust that our volunteers will not divulge this information, even to family members.

**Maintaining Appropriate Boundaries:** Focus conversations on academics, school events and school activities; refer personal issues to the school administrator, counselor or classroom teacher; refrain from making comments that could have sexual overtones.

Stay in a group or public part of the school; avoid being alone with a student.

Treat all students fairly and equally; avoid favoritism such as special privileges or gifts.

Limit interactions to the school environment; don't meet with students outside of school or communicate with students electronically (text messaging, social networking sites, email, etc).

Be cautious about physical contact with students, contact including but not limited to; lap sitting, tickling, frontal hugs and shoulder massages are not appropriate.

**Punctuality/Missed Days:** Please notify the main office or your staff contact as soon as you know you will miss a planned volunteer session.

**Feedback:** Please let us know how your volunteer experience is progressing. Feedback can be given at the main school offices or District Office. Volunteering should be beneficial for all parties. We hope to find the right place, right time, and right job for each volunteer for the greater good of our students.

Again, THANK YOU!

HCSD #3 Staff and Administration