



RAMAH NAVAJO SCHOOL BOARD, INC. VOLUNTEER FORM

Volunteer defined: An individual who, without promise or expectation of compensation, but solely for his/her personal purpose or pleasure, provides service(s) in activities carried on by another person either for their pleasure or profit.

(1) Services must be offered freely and without pressure or coercion.

(2) The volunteer must not receive or expect any compensation.

(3) The services must be different from any service that the individual is employed to perform for RNSB.

Requesting Program:			
Name of Volunteer:			
Address:			
Telephone:		Email:	
	Alternate Phone #:		
SERVICES TO BE RENDERED:			Dates of Timeframe:
Background Check Results: Human Resource Clearance			
Local:	<input type="checkbox"/> Favorable <input type="checkbox"/> Unfavorable <input type="checkbox"/> Waiver Request Adjudicator Signature: _____ Date: _____		
State(s):			
Federal:			
Sex Offender:			

APPROVAL:

Program Director

Division Director

Human Resource Director

Executive Director/Superintendent

Date

Questionnaire for Prospective Consultants, Volunteers, reinvestigation & Others

<p>1. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?</p> <p>If "YES", use item 5 to provide the date(s), explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.</p>	<p>YES</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<p>NO</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
<p>2. In the last 5 years have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc), hallucinogenic (LSD, PCP, etc), or illegally used prescription drugs?</p> <p>If "YES" use Item 5 below to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.</p>	<p>YES</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<p>NO</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
<p>3. In the past 5 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?</p> <p>If "YES" use item 5 below to provide information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.</p>	<p>YES</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<p>NO</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
<p>4. Have you ever been arrested for or charged with a crime involving a child?</p> <p>If "YES", use item 5 to provide the date(s), explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.</p>	<p>YES</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<p>NO</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>

5. Use this space to provide explanations to any questions you may have answered, "YES" on this questionnaire.

Certification that my Answers are True

My statements on the form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any question may be grounds for not being considered for volunteer service or consultant work.

Initials

Date

I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of volunteer service or consultant work. I understand my right to obtain a copy of any criminal history report made available to the Ramah Navajo School Board, Inc. and my rights to challenge the accuracy and completeness of any information contain in the report.

Signature

Printed Name

Date



RAMAH NAVAJO SCHOOL BOARD, INC.

P.O. Box 10 • Pine Hill, New Mexico 87357 • Phone: (505) 775-3256 • Fax: (505) 775-3799

Human Resource

RELEASE AND AUTHORIZATION

I hereby authorize the RAMAH NAVAJO SCHOOL BOARD, INC., to conduct an investigation into my personal background for the purpose of evaluating my qualifications for employment, promotion, reassignment or retention as an employee. I acknowledge and agree that RAMAH NAVAJO SCHOOL BOARD, INC., may conduct all or part of such investigation. I also acknowledge and agree that RAMAH NAVAJO SCHOOL BOARD, INC., may obtain information pursuant to such investigation through personal interview and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, employment history, and public record information (e.g. record of civil judgments, convictions, arrests, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degrees, licenses, and transcripts may be relevant to RAMAH NAVAJO SCHOOL BOARD, INC., evaluation of my qualifications and that such inquiry will be made pursuant to such investigation to release and disclose to RAMAH NAVAJO SCHOOL BOARD, INC., I hereby release RAMAH NAVAJO SCHOOL BOARD, INC., and any persons providing information in connection with the above described background investigation.

I have been advised and I understand that I have the right to make a written request to receive information concerning the nature and scope of the above-described background investigation. I further understand this Release and Authorization will be valid through my employment with the RAMAH NAVAJO SCHOOL BOARD, INC., The foregoing is in accordance with my understanding and agreement and my signature on this Release of Authorization confirms my acceptance hereof. Copies of the Release of Authorization that show my signature are as valid as the original Release and Authorization signed by me. Before signing, I have had the opportunity to review this document with any one of my choosing including an attorney.

Signature

Print Name

Date of Birth: _____

Social Security #: _____

Mailing Address: _____

Physical Address: _____

City & State: _____

City & State: _____

Zip: _____

Zip: _____

DEPARTMENT OF PUBLIC SAFETY / P.O. BOX 1628 / SANTA FE, NM 87504-1628
ATTN: RECORDS \$15.00 PER RECORD CHECK

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____
NAME (MUST BE PRINTED-LEGIBLY) (SSN#) (DOB)

Alias' Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

Ramah Navajo School Board, Inc.

NAME OF AGENCY OR PERSON RECEIVING ARREST RECORD

ADDRESS: PO Box 10, Pine Hill, New Mexico 87357

AS AN AUTHORIZED AGENT FOR ME FOR THE PURPOSE OF INSPECTING (AND /OR OBTAINING COPIES OF) ANY NEW MEXICO ARREST FINGERPRINT CARD SUPPORTED ARREST RECORD INFORMATION MAINTAINED BY THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING INFORMATION CONCERNING FELONY OR MISDEMEANOR ARRESTS AND INFORMATION OBTAINED FROM RELEVANT FINGERPRINT DATABASES.

TO THE CUSTODIAN OF THE RECORDS IN QUESTION, I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION TO THE AUTHORIZED AGENT AS DESCRIBED ABOVE.

I HEREBY RELEASE THE CUSTODIAN OR CUSTODIANS OF SUCH RECORDS AND THE DEPARTMENT OF PUBLIC SAFETY, INCLUDING ANY OF THEIR AGENTS, EMPLOYEES, OR REPRESENTATIVES IN ANY CAPACITY, FROM ANY AND ALL CLAIMS OF LIABILITY OR DAMAGE OF WHATEVER KIND OR NATURE, WHICH AT ANY TIME COULD RESULT TO ME, MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE BECAUSE OF COMPLIANCE BY SAID CUSTODIAN OR CUSTODIANS WITH THIS "AUTHORIZATION FOR RELEASE OF INFORMATION" AND MY REQUEST CONTAINED HEREIN FOR THIS RELEASE OR BECAUSE OF ANY USE OF THESE RECORDS. THIS RELEASE IS BINDING, NOW AND IN THE FUTURE AND IS VALID FOR A PERIOD OF UP TO 120 DAYS FROM THE DATE SIGNED, ON MY HEIRS, ASSIGNS, ASSOCIATES, PERSONAL REPRESENTATIVE OR REPRESENTATIVES OF ANY NATURE.

APPLICANT SIGNATURE: _____

DATE: _____

SIGNED AND SWORN TO BEFORE ME ON THIS _____ Day Of _____ 20____

State of _____ County of _____

(SEAL)

(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____

For Department of Public Safety Use Only



NAVAJO POLICE DEPARTMENT
INFORMATION MANAGEMENT SECTION

POST OFFICE BOX 3360, WINDOW ROCK, NAVAJO NATION, AZ 86515

WEBSITE: www.ims.navajo-nsn.gov PHONE: (928) 357-6210



CRIMINAL/TRAFFIC HISTORY RECORD (CTHR)
RELEASE OF AUTHORIZATION

UPDATED 11/7/24

Request for criminal/traffic history record and police reports from non-criminal justice agencies and private citizens MUST be accompanied by a signed AUTHORIZATION FOR DISCLOSURE OF INFORMATION. If the requested information does not pertain to the requestor then such requests shall only be released upon presentation of an approved identification containing a photograph. All criteria is released & access under Navajo Police Department Policies & Navajo Nation Privacy Act (NNC 2 § 81-92).

Non-criminal justice agencies and private citizens must understand that the provided information SHALL be used for the above stated purpose ONLY and any other use SHALL result in denial of the privilege to access criminal history records contained with Information Management Section, Navajo Police Department.

Criminal Justice Agencies not conducting a Criminal Investigation must have a copy of written authorization from the individual.

I, _____, hereby authorize the release of my Criminal/Traffic
History Record to _____ for _____ purposes.
(Department / Company / etc.) (Employment / Housing / Personal Use)

My contact number is _____ if you have any questions.

If applicable:

Mailing Address of Recipient: _____
MAILING ADDRESS CITY STATE ZIP CODE

Attention to: _____ Title: _____

**NOTE: Original will be mailed to ONE address unless \$1.06
Money Order is received. Mailing Address MUST BE written out.**

Signature

Date