



## 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 #:		
<b>SERVICES TO BE RENDERED:</b>		<b>Dates of Timeframe:</b>	
<b>Background Check Results:</b> Human Resource Clearance			
Local:	<input type="checkbox"/> Favorable <input type="checkbox"/> Unfavorable <input type="checkbox"/> Waiver Request  <b>Adjudicator Signature:</b> _____ <b>Date:</b> _____		
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 <b>ever</b> 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 <b>the date(s)</b>, 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>	YES  <input type="checkbox"/>	NO  <input type="checkbox"/>
<p>2. In the last 5 years have you <b>illegally</b> 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 <b>illegally</b> used prescription drugs?</p> <p>If "YES" use Item 5 below to provide <b>the date(s)</b> 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>	YES  <input type="checkbox"/>	NO  <input type="checkbox"/>
<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>	YES  <input type="checkbox"/>	NO  <input type="checkbox"/>
<p>4. Have you <b>ever</b> been arrested for or charged with a crime involving a child?</p> <p>If "YES", use item 5 to provide <b>the date(s)</b>, 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>	YES  <input type="checkbox"/>	NO  <input type="checkbox"/>

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, volunteer, potential RNSB employee, or independent contractor along with the contractor's employees. 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 or independent contract agreement and/or services rendered 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: \_\_\_\_\_

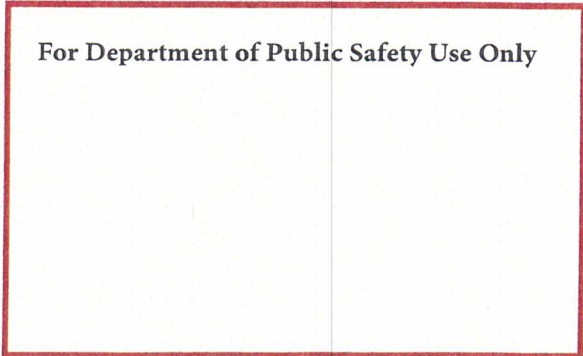
SIGNED AND SWORN TO BEFORE ME ON THIS \_\_\_\_\_ Day Of \_\_\_\_\_ 20\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES: \_\_\_\_\_







NAVAJO POLICE DEPARTMENT
INFORMATION MANAGEMENT SECTION

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

WEBSITE: www.ims.navajo-nsn.gov PHONE: (928) 729-4450



CRIMINAL/TRAFFIC HISTORY RECORD (CTHR)

DSL NUMBER: [ ] SASE [ ] RoA DISTRICT / IMS VERIFIED
DIST. INITIAL DATE TIME

PLEASE PRINT CLEARLY

VITAL INFORMATION

FULL NAME: (FIRST, MIDDLE, LAST)

ALIAS/AKA: (ANY OTHER NAMES USED)

DATE OF BIRTH: MM/DD/YYYY

SOCIAL SECURITY #: - -

TRIBAL CENSUS: PHONE #:

DRIVER LICENSE #: STATE EXP:

ATTN: HR Background, PO Box #10 Pine Hill NM 87357
MAILING ADDRESS CITY STATE ZIP CODE

What is the PURPOSE for this CTHR Request? Employment
EMPLOYMENT / HOUSING / PERSONAL

How many years are you requesting for this CTHR Request?

[ ] 5 Years [ ] 10 Years [x] 18th Birthday [ ] Other:

SIGNATURE DATE

NOTARIAL ACKNOWLEDGMENT

State of

County of

On this day of, 20, before me personally appeared, whose identity was proven to me on the basis of satisfactory to be the person who he or she claims to be and acknowledged that he or she signed the above / attached document.

Notary Public Signature

Print Name

My Commission Expires

PLEASE INCLUDE

- [ ] SOCIAL SECURITY CARD (COPY ONLY)
[ ] VALID STATE DRIVER'S LICENSE / ID (COPY ONLY)
[ ] SELF-ADDRESSED STAMPED ENVELOPE
[ ] \$15.90 M.O. PAYABLE TO NAVAJO NATION

AMOUNT MONEY ORDER NUMBER
This document MUST be notarized. Please know all completed CTHR requests will be mailed. NO EXCEPTIONS. Thank you!

IMS USE ONLY

RECEIVED STAMP

RESULT

- [ ] CRIMINAL [ ] CRIMINAL /TRAFFIC [ ] TRAFFIC (CIVIL & CRIMINAL)

RESEARCHED BY:
NAME:
TITLE:
DATE COMPLETED: