



Vernonia School District
Volunteer Application / Criminal Background Check

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

Name (print)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>First</small>	<small>Middle</small>	<small>Last</small>
Social Security #	<input type="text"/>	Other Last Names Used (maiden)	<input type="text"/>
Date of Birth	<input type="text"/>	Driver's License #	<input type="text"/>
		State	<input type="text"/>
Mailing Address	<input type="text"/>		<input type="text"/>
	<small>Address</small>	<small>City</small>	<small>Zip</small>
Email Address	<input type="text"/>	Phone	<input type="text"/>

Please tell us the event and the date of the event you wish to volunteer for: _____

VSD does not process requests for groups that are not affiliated with the District.

Please respond to the following questions:

1. Have you ever been convicted of any crimes which are drug related or related to child abuse?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Have you ever been convicted of any crimes related to violence, including abuse prevention?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Have you ever been convicted of a major traffic violation, including DUI?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Have you ever been convicted of any misdemeanor or felony crimes?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. Have you ever been arrested for a crime for which there has not yet been an acquittal or dismissal?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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. I confirm this request is for VSD or a group affiliated of VSD .

Signature: _____ Date: _____

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

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 For Office Use Only

Background Check Completed by: Approved Not Approved Date

Conviction Matrix Reviewed Yes No Approved Status Expiration Date