



GRANT SCHOOL DISTRICT #3

401 N. Canyon City Blvd. • Canyon City, OR 97820
Phone: (541) 575-1280 • Fax: (541) 575-3614

Grant School District #3 requires that **ALL volunteers must annually complete a Volunteer Assistant Program Application which includes a Criminal History Verification and background check**, and complete all required course work associated with the type of volunteer program. Once your application is turned in to the office, you will be set-up in Safe Schools and assigned the required training(s) through e-mail. Once course trainings are complete, provide a copy of certificates to the school.

VOLUNTEER ASSISTANT REQUIRED TRAININGS

Volunteer Coach

- » Certification through NFHS Coaches Education program (one time requirement) - [NFHS Fundamentals of Coaching Course](#)
- » Online Concussion Management Class (required annually) - [NFHS Concussion Management Course](#)
- » NFHS Guide to Heat Acclimatization and Heat Illness Prevention Course (required every 4 years (annually for football))
- » Online Steroid Training and Assessment Class (required every four years) - [ODE Steroid Training and Assessment](#)
- » Football only – Heads Up Football Certification, Sudden Cardiac Arrest, Blocking/Shoulder Tackling & Equipment (annually)
- » First Aid/CPR Certification (required)



Visit www.osaa.org > OSAA for Coaches for a list of all available NFHS courses. Get complete course information and find out how to take the courses, including several that are free.

Additionally – Volunteer coaches must complete all trainings listed below. **GSD3 will follow OSAA guidelines regarding volunteer coaches. A volunteer coach will be allowed to attend 3 practices/events without having completed required course work/trainings. *By the 4th practice/event, all trainings must be complete and a certificate of completion on file with the district before you can be at practice, on the sideline or on the bench for any athletic events.***

- *Boundary Invasion
- *Sports Supervision & Safety
- *Bullying: Recognition & Response

Volunteer: Classroom, Field Trip or Extracurricular

All training(s) listed below must be complete and a certificate of completion on file with the district ***prior to volunteering in any capacity for all Grant School District #3 Schools.***

- *Volunteer Orientation

*These trainings are on Safe Schools.com and will be assigned to you through your e-mail.

If you have any questions regarding these requirements, please contact Rachele Simmons, 541-575-1280 ext. 3023.

BOARD OF DIRECTORS:

Chairman Hailey Walker ■ Colleen Robertson ■ Aaron Lieuallen ■ Kelly Stokes ■ Jake Taylor ■ Chris Labhart ■



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Volunteer Application

All individuals who wish to volunteer must complete this volunteer application and a criminal history verification form. If volunteering includes unsupervised student contact the volunteer will need to pass a background check and fingerprinting. *Fingerprinting is required for all unsupervised volunteers.*

Your Information

Date: _____

Name: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Schools You Are Interested In Volunteering For

Grant Union JR/SR High Humbolt Elementary Seneca Elementary

Interests

Please check areas of interest for volunteering

- In the Classroom
- Field Trips
- Fundraising
- Sports
- Other: _____

Applicant's Signature: _____ Date: _____

Teacher/Coach Approval Signature: _____ Date: _____

Return Form to

Grant School Dist #3
401 N Canyon City Blvd
Canyon City, OR 97820

CRIMINAL HISTORY VERIFICATION MUST BE COMPLETED

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CRIMINAL HISTORY VERIFICATION OF APPLICANTS

THIS FORM MUST BE ENCLOSED WITH THE 581-2281-N CRIMINAL HISTORY VERIFICATION FOR PRE-EMPLOYMENT AND VOLUNTEERS COVER FORM, ALONG WITH A SCHOOL CHECK IN THE AMOUNT OF \$5.00 PER APPLICANT. ALL DOCUMENTS MUST BE MAILED TOGETHER TO THE OREGON DEPARTMENT OF EDUCATION; OTHERWISE, THEY WILL BE RETURNED.

Please type or print clearly.

As Appears on License

Name: _____ Date of Birth: _____ Sex: _____
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used: _____
(includes Maiden Name)

Social Security No.: _____ 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. If you do provide the number, the Oregon Department of Education will use it as an additional identifier to search for any criminal record you may have within the State of Oregon. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

Mailing Address: _____
Full Street Address/Post Office Box

City: _____ State: _____ Zip + 4: _____

Advisory: An in-state check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the following questions. If you answer no to any of the questions below, and a criminal conviction exists, this will result in a "No" determination by ODE.

Convictions of misdemeanor or felony crimes DO NOT automatically drop off your record after a period of time. If you believe a crime has been removed from your record and you are mistaken, it will result in a finding that you knowingly made a false statement.

1. Have you EVER been convicted of ANY crimes listed under 1 on the reverse side of this form? Yes No

If yes, was the crime in Oregon or a similar crime in another state? _____

2. A crime includes a felony or misdemeanor. Have you EVER been convicted of **ANY** other crime **NOT** included in the list under question 1, this includes major traffic violations (including DUII, etc)? Yes No

The applicant is entitled to inspect and challenge the accuracy of their Oregon criminal record through the Oregon State Police procedures by contacting Oregon State Police directly under ORS 181A.230(3) and OAR 257-10-0035.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form for the purpose of pre-employment and/or volunteering purposes at an Oregon school and/or institution.

I acknowledge reading and receipt of this notice.

Applicant's Signature: _____ Date: _____

**CRIMES RELATING TO QUESTION 1
OREGON LAWS**

163.095	Aggravated Murder	167.062	Sadomasochistic Abuse or Sexual Conduct in Live Show
163.107	Murder in the First Degree		
163.115	Murder in the Second Degree		
163.185	Assault in the First Degree	167.075	Exhibiting an Obscene Performance to a Minor
163.235	Kidnapping in the First Degree	167.080	Displaying Obscene Materials to Minors
163.355	Rape in the Third Degree	167.090	Publicly Displaying Nudity or Sex for Advertising Purposes
163.365	Rape in the Second Degree	475.808	Unlawful manufacture of hydrocodone within 1,000 feet of school
163.375	Rape in the First Degree	475.810	Unlawful delivery of hydrocodone
163.385	Sodomy in the Third Degree	475.812	Unlawful delivery of hydrocodone within 1,000 feet of school
163.395	Sodomy in the Second Degree	475.818	Unlawful manufacture of methadone within 1,000 feet of school
163.405	Sodomy in the First Degree	475.820	Unlawful delivery of methadone
163.408	Unlawful Sex Penetration in the Second Degree	475.822	Unlawful delivery of methadone within 1,000 feet of school
163.411	Unlawful Sex Penetration in the First Degree	475.828	Unlawful manufacture of oxycodone within 1,000 feet of school
163.415	Sexual Abuse in the Third Degree	475.830	Unlawful delivery of oxycodone
163.425	Sexual Abuse in the Second Degree	475.832	Unlawful delivery of oxycodone within 1,000 feet of school
163.427	Sexual Abuse in the First Degree	475.848	Unlawful Manufacture of Heroin within 1,000 Feet of School
163.432	Online Sexual Corruption of a Child in the Second Degree	475.852	Unlawful Delivery of Heroin within 1,000 Feet of School
163.433	Online Sexual Corruption of a Child in the First Degree	475.868	Unlawful Manufacture of 3, 4-Methylenedioxyamphetamine within 1,000 Feet of School
163.435	Contributing to the Sexual Delinquency of a Minor	475.872	Unlawful Delivery of 3, 4-Methylenedioxyamphetamine within 1,000 Feet of School
163.445	Sexual Misconduct	475.878	Unlawful Manufacture of Cocaine within 1,000 Feet of School
163.465	Public Indecency	475.880	Unlawful Delivery of Cocaine
163.515	Bigamy	475.882	Unlawful Delivery of Cocaine within 1,000 Feet of School
163.525	Incest	475.888	Unlawful Manufacture of Methamphetamine within 1,000 Feet of School
163.547	Child Neglect in the First Degree	475.890	Unlawful Delivery of Methamphetamine
163.575	Endangering the Welfare of a Minor	475.892	Unlawful Delivery of Methamphetamine within 1,000 Feet of School
163.670	Using Child in Display of Sexually Explicit Conduct	475.904	Unlawful Manufacture or Delivery of Controlled Substance within 1,000 Feet of School
163.675	Sale of Exhibition of Visual Reproduction of Sexual Conduct by Child	475.906	Penalties for Distribution to Minors
163.680	Paying for Viewing Sexual Conduct Involving a Child	161.405	Attempt to Commit Any of the Above-Listed Crimes
163.684	Encouraging Child Sex Abuse in the First Degree		
163.686	Encouraging Child Sex Abuse in the Second Degree		
163.687	Encouraging Child Sex Abuse in the Third Degree		
163.688	Possession of Materials Depicting Sexually Explicit Conduct of a Child in the First Degree		
163.689	Possession of Materials Depicting Sexually Explicit Conduct of a Child in the Second Degree		
164.325	Arson in the First Degree		
164.415	Robbery in the First Degree		
166.005	Treason		
166.087	Abuse of Corpse in the First Degree		
167.007	Prostitution		
167.008	Patronizing a Prostitute		
167.012	Promoting Prostitution		
167.017	Compelling Prostitution		
167.057	Luring a Minor		

COVID-19 Vaccine Religious Exception Request Form

I am requesting an exception from the COVID-19 vaccination on the basis of a sincerely held religious belief.

Individual's name:	Date of birth:
Phone number:	
Employer/Organization:	Job Title/Position:

Please check the boxes below as appropriate and complete related questions:

- Receiving the COVID-19 vaccination conflicts with my religious observances, practices or beliefs as described below.

Please describe your religious belief and how it affects your ability to receive a COVID-19 vaccination

I certify the above information to be true and accurate and that I sincerely hold the religious beliefs described above.

Signature:	Date:
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Please note that if your exception request is approved, you may be required by your employer or other responsible party to take additional steps to protect you and others from contracting and spreading COVID-19. Workplaces are not required to provide this exception accommodation if doing so would pose a direct threat to the excepted individual or others in the workplace or would create an undue hardship.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673- 2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us.