

CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes the Estacada School District and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete all information below. Please print.

Full Legal Name: _____	
Male _____	Female _____
Current Address: _____	

Other Names Used (Maiden, alias, legal name change, etc.):	

DOB: _____	DL#: _____ State: _____
Previous Addresses in past 7 years:	

Have you ever been convicted of any crime? Yes _____ No _____	
If "Yes," explain:	

Please Check :	
School Volunteer: <input type="checkbox"/>	Name of School(s): _____
Volunteered in the past 2 years: <input type="checkbox"/>	_____
Substitute: <input type="checkbox"/>	_____
Seeking Employment: <input type="checkbox"/>	_____
Coach: <input type="checkbox"/> Volunteer Coach: <input type="checkbox"/>	

Under District policy the District is required to deny volunteer privileges to anyone convicted of certain felonies and misdemeanors (those listed in ORS.342.143). In addition, the District reserves the right to deny volunteer privileges to persons based on the nature and recency of crimes and overall criminal record. The District Superintendent or the school Principal may revoke a volunteer's privileges at any time if the volunteer's presence is considered disruptive or unsafe to the learning environment or extra-curricular events. A copy of crimes listed in ORS.342.143 is available at the District office in the Human Resources office.

The Estacada School District encourages parental involvement in their children's education and strives to ensure a safe learning environment for our children. Therefore, any person who refuses a criminal background check will not be allowed to volunteer. There are no exceptions.

Applicant's signature: I have reviewed and accurately and truthfully completed this form. I give the Estacada School District permission to verify any information I have provided. This authorization shall continue to be effective until I revoke. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate. Also by signing this form I agree that this consent form will remain in effect as long as I am volunteering for the school district or employed by the district and that the District has the discretion to do random checks without prior notification.

Signature of Applicant: _____ **Date:** _____

Interoffice Only: Please check building location for return notification of clearance: HS __, JH __, CR __, EC __, EAHS __, CO __

