



Springfield Public Schools

Human Resources • 525 Mill Street • Springfield, OR 97477
(541) 726-3203 • Fax: (541) 726-3315

CRIMINAL HISTORY VERIFICATION/ VOLUNTEER APPLICATION

Please provide the following information. Applications will not be processed unless all information is complete.

PERSONAL INFORMATION - PLEASE PRINT LEGIBLY

NAME: _____
(LAST) (FIRST) (MIDDLE)

OTHER NAME/S PREVIOUSLY USED: _____

MAILING ADDRESS: _____
(STREET OR PO BOX) (CITY) (STATE) (ZIP CODE)

PHONE NUMBER: _____ EMAIL: _____

OREGON DRIVER'S LICENSE #: _____ DATE OF BIRTH: _____

SCHOOL FOR WHICH YOU WISH TO VOLUNTEER: _____

IN WHAT CAPACITY DO YOU WISH TO VOLUNTEER? (Please list sport/activity): _____

CRIMINAL HISTORY VERIFICATION:

- A. Have you EVER been convicted of a sex-related crime? YES NO
If yes, in what state did the conviction take place? _____
If yes, did the crime involve force of minors? YES NO
- B. Have you EVER been convicted of endangering the welfare of a minor? YES NO
- C. Have you EVER been convicted of a crime involving violence or threat of violence? YES NO
If yes, in what state did the conviction take place? _____
- D. Have you EVER been convicted of a crime involving criminal activity in drugs or alcoholic beverages? YES NO
If yes, in what state did the conviction take place? _____
- E. Have you EVER been convicted of any other crime except a minor traffic violation (includes traffic crimes)? YES NO
- F. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? YES NO

I hereby grant Criminal Information Services, Inc. (CRIS, Inc.) permission to check civil or criminal records on behalf of the Springfield Public School District to verify any statements made on this form by applicants who will be working with or around children. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights laws. The applicant may obtain further information concerning his/her rights by contacting the Bureau of Labor and Industries Civil Rights Division at (503) 731-4075.

SIGNATURE: _____ DATE: _____

<i>FOR SCHOOL USE ONLY</i>			
ADMINISTRATOR'S APPROVAL: _____		DATE: _____	
APPLICANT WILL WORK <u>UNSUPERVISED</u> WITH STUDENTS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT IS:	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> STAFF <input type="checkbox"/> COACH/ACTIVITY
<i>FOR HUMAN RESOURCES USE ONLY</i>			
DATE SUBMITTED TO CRIS, INC.: _____		APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	