



## **BEND-LA PINE SCHOOLS VOLUNTEER OR WORKPLACE MENTOR APPLICATION**

Dear School Volunteer or Workplace Mentor:

To protect the safety and welfare of children, Bend-La Pine Schools conducts background checks on all job applicants and substitutes. We also conduct background checks on all school volunteers and workplace mentors who work directly with students.

Since school volunteers and workplace mentors are an essential part of our educational team, we strongly hope you will grant us permission to conduct a background check. However, if you do not wish to participate due to personal reasons, we understand and respect your decision, but you will not be able to volunteer or mentor.

We conduct these checks to assure a safe, healthy learning environment for every student. This is a critical part of our mission as a public school district.

If you have any questions, please call Human Resources at 541-383-6011. Ask to speak to someone about background checks for volunteers or mentors. You will be able to speak confidentially with a staff member who understands our process.

We appreciate your understanding and cooperation in this important matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Widsteen". The signature is fluid and cursive, with a large initial "J" and "W".

Jim Widsteen  
Executive Director of Human Resources



## **VOLUNTEER EXPECTATIONS**

The District encourages the use of volunteers in our schools and departments. The District understands and appreciates the role volunteers can fill in the education of the children and young adults in our communities.

Volunteers provide a positive role model for our students. Clear expectations for volunteers are essential to a successful volunteer program. The District wants to emphasize four of these expectations:

1. **Dependability** – The ability to depend on a volunteer is an essential expectation. Students and staff look forward to the volunteer’s commitment to report to a school activity at an expected time and to complete the volunteer assignment thoroughly and enthusiastically.
2. **Professionalism** – The volunteer is a role model for children and young adults in dress, manner and behavior. Working in a team environment cooperatively with others and demonstrating a willingness to learn are integral parts of professionalism.
3. **Confidentiality** – The volunteer must respect the confidentiality of sensitive information learned at school. Students and their families should not be discussed outside the learning environment.
4. **Communication** – The volunteer’s success depends on effective communication. Asking questions and following directions are key components of communication.

If there are concerns regarding a volunteer who may not be following these expectations, the concerns should be communicated to the school principal where the volunteer is assigned. The District directs the administration to conduct an objective investigation regarding any identified concerns. If cause exists, the volunteer will be removed from his / her assignment. The District though its administrators will be vigilant in its authority to provide a safe learning environment for students.

## DIRECTIONS FOR COMPLETING VOLUNTEER FORMS

Please complete the following forms in the enclosed packet of information:

1. Fill out the Volunteer Application form and return it to a secretary in the main office of the school where you would like to volunteer. If you would like to volunteer at more than one school, you only need to fill out one form. A master list is distributed to schools monthly.
2. Fill out the Criminal History Verification of Applicants form. It is important that you answer each question.
3. In the space stating "school," please write in the name of the school or site at which you will serve as a volunteer.
4. Place this form in a sealed envelope marked "Human Resources."
5. Return the sealed envelope to a secretary in the main office of the school. The envelope will be sent to the Human Resources Department through the District's courier services. Or you may mail the envelope to the Human Resources Department at 520 NW Wall Street, Bend, Oregon 97701. This form will be kept on file in a locked filing cabinet to ensure confidentiality.

You **WILL NOT** be able to volunteer until the results of the background check have been received. If there is a problem with the information reported from the Oregon Department of Education, you will be contacted by an employee from the Human Resources Department.

If you have any questions, please call 541-383-6011.

## DIRECTIONS FOR COMPLETING MENTOR FORMS

Please complete the following forms in the enclosed packet of information:

1. Fill out the Criminal History Verification of Applicants form. It is important that you answer each question.
2. In the space stating "school," please write in the name of the school or site at which you will serve as a mentor.
3. Place this form in a sealed envelope and return it to the Human Resources Department at 520 NW Wall Street, Bend, Oregon 97701. You only need to complete this form once for each school, even though you may mentor several students. The school will keep a roster of approved mentors. This form will be kept on file in a locked filing cabinet to ensure confidentiality.

You **WILL NOT** be able to mentor until the results of the background check have been received. If there is a problem with the information reported from the Oregon Department of Education, you will be contacted by an employee from the Human Resources Department.

If you have any questions, please call 541-383-6011.





## CRIMINAL HISTORY VERIFICATION OF APPLICANTS

**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 of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. 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: \_\_\_\_\_

A. Have you **EVER** been convicted of a sex-related crime? [ ] Yes [ ] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

If yes, did the crime involve force or minors? [ ] Yes [ ] No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? [ ] Yes [ ] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? [ ] Yes [ ] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

D. Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes) [ ] Yes [ ] No

E. 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

**Advisory:** A check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, volunteer, or other prospective school employees working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VERIFICACIÓN DEL HISTORIAL CRIMINAL DE LOS SOLICITANTES

### Favor escribir a máquina o en molde claramente

Como aparece en la Licencia

Nombre \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_ Sexo: \_\_\_\_\_  
Apellido paterno/nombre/apellido materno Mes/Día/Año

Otros nombres usados anteriormente: \_\_\_\_\_

Número de Seguro Social: \_\_\_\_\_ No. Licencia de Conducir de Oregon/ Tarjeta de Identificación \_\_\_\_\_

Proveer el número de seguro en esta forma es voluntario. Si usted decide no anotar el número de seguro, no se usará como base para negarle el trabajo o cualquier derecho, servicios o beneficios a los cuales usted tiene derecho. Si usted provee el número, la policía del estado de Oregon lo usará como información adicional en la búsqueda de cualquier dato criminal que usted pueda tener. Su número de seguro será usado como se indica anteriormente. Las leyes estatales y federales protegen su privacidad y datos de su archivo personal.

Dirección: \_\_\_\_\_  
Número y Nombre de la calle

Ciudad: \_\_\_\_\_ Estado \_\_\_\_\_ Código Postal \_\_\_\_\_

A. ¿Alguna vez ha sido usted declarado culpable de un crimen sexual o relacionado al sexo?  Sí  No

Si sí ¿Fue la convicción en Oregon u otro estado? (Favor de especificar si fue en otro estado) Estado: \_\_\_\_\_

Si sí, ¿El crimen involucro fuerza o a menores de edad?  Sí  No

B. ¿Alguna vez ha sido declarado culpable de un crimen que involucro violencia o amenaza de violencia?  Sí  No

Si sí, ¿Fue la convicción en Oregon u otro estado? (Favor de especificar si fue en otro estado) Estado: \_\_\_\_\_

C. ¿Alguna vez ha sido declarado culpable de un crimen involucrado en actividades criminales de drogas o bebidas alcohólicas?  Sí  No

Si sí, ¿Fue la convicción en Oregon u otro estado? (Favor de especificar si fue en otro estado) Estado: \_\_\_\_\_

D. ¿Alguna vez ha sido declarado culpable de cualquier otro crimen excepto violaciones menores de tráfico?  Sí  No

E. ¿Ha sido arrestado dentro de los últimos tres años por un crimen que todavía no ha hasido absuelto o juzgado?  Sí  No

Aviso: Una investigación del historial criminal del solicitante será realizado por el Departamento de Educación de Oregon para verificar las respuestas a las preguntas precedentes.

Yo concedo por la presente al Departamento de Educación del Estado permiso para investigar los datos civiles o criminales y verificar cualquier declaración hecha en esta forma. No obstante en todo caso si el solicitante concede el consentimiento, el Departamento de Educación de Oregon dirigirá una investigación de los archivos de delitos criminales para las posiciones de chófer de autobús, voluntario u otro prospecto empleo escolar trabajando con o alrededor niños. El solicitante tiene derecho de revisar su historial criminal para verídica la validez o exactitud de la información. La discriminación del empleador basada únicamente en datos de arresto puede violar leyes federales de derechos civiles. El solicitante puede obtener más información acerca de los derechos del solicitante contactando a la Oficina de Labor e Industrias, División de Derechos Civiles, State Office Building, Suite (Salón) 1070, Portland, Oregon 97323, teléfono 503-731-4075.

Comprendo lo leído y he recibo este aviso.

Firma de Solicitante: \_\_\_\_\_ Fecha \_\_\_\_\_