


# Oregon School for the Deaf

## VOLUNTEER SERVICE



### *Volunteer Process*

- ★ A potential volunteer must fill out and submit the volunteer application and criminal history check. This must be done before the person can volunteer on campus.
- ★ Once the criminal check is verified as clear, an appointment is set up to meet with the Volunteer Coordinator.
- ★ Once the volunteer is placed in a department, the volunteer and supervisor must notify the volunteer coordinator as soon as the volunteer work begins.
- ★ Return your signed application and Criminal History Background check to: Sharon Thompson, School/Sports Volunteer Secretary.



Once form has been completed. Please do one of the following:

- Sign and fax to Sharon Thompson:  
503.378.4701
- Sign, scan and send via email to:  
Sharon.Thompson@osd.k12.or.us
- Sign and mail to: Sharon Thompson, 999  
Locust St NE, Salem, OR 97301
- Deliver in person to Sharon Thompson

- Volunteer
- OSD Parent
- Practicum

**Return to:**  
 Oregon School for the Deaf  
 999 Locust Street NE  
 Salem, Oregon 97301  
 Attn: Volunteer Secretary (School/Sports)  
 Sharon.thompson@osd.k12.or.us  
 Fax: 503-378-4701

**For Office Use Only**

- Background Check
- Orientation \_\_\_\_\_
- Assigned \_\_\_\_\_
- Notes \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

OSD SCHOOL/SPORTS/ACTIVITIES VOLUNTEER APPLICATION

\_\_\_\_\_  
 Last name First Name Email Address

\_\_\_\_\_  
 Mailing address Contact Phone

\_\_\_\_\_  
 City County State Zip

**Education/Training**

Do you have a high school diploma or a GED Certificate? \_\_\_\_\_ Year Graduated \_\_\_\_\_

Educational Programs (High School, College)

Name and location	Major areas of study	Dates attended	Degrees
1. _____	_____	_____	_____
2. _____	_____	_____	_____

List current valid licenses or certificates: \_\_\_\_\_

List any special skills you have: \_\_\_\_\_

**Describe your ASL skills:** None ASL1 (fingerspelling) ASL2 (social) ASL3 (fluent) ASL4 (Proficient)

**Related Experience (most recent first)**

1. Where: \_\_\_\_\_ Address: \_\_\_\_\_ Total time \_\_\_\_\_  
Yrs Months

Your Position: \_\_\_\_\_ Duties: \_\_\_\_\_

**Please let us know your area of interest any specialty area you would like:**

**Library**

**Multi-media**

**Classrooms**

ES  MS  HS

**After School Tutoring**

- |                                     |                                  |                                  |
|-------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Basic Math | <input type="checkbox"/> Algebra | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Writing    | <input type="checkbox"/> History | <input type="checkbox"/> Civics  |

**Athletics**

- |                                 |                                     |                                       |
|---------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Track  | <input type="checkbox"/> Basketball | <input type="checkbox"/> Football     |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Swimming,  | <input type="checkbox"/> Lifeguarding |

Other \_\_\_\_\_

**BEAT**

Set Design       Acting       Make-Up  
 Other \_\_\_\_\_

**Availability: Please let us know the days and hours you are available.**

Monday    Tuesday    Wednesday    Thursday    Friday

Morning – 8:00am-Noon    Afternoon – Noon-3:00pm    After School – 3:00pm-6:00pm

Evenings – 6:00pm-9:00pm    Nights – 9:00pm-Midnight

**References (not related to you)**

Name	Telephone	Years known
1. _____	_____	_____
2. _____	_____	_____

How did you learn of our volunteer program? \_\_\_\_\_

Have you volunteered at OSD before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Why are you interested in volunteering? \_\_\_\_\_

Will you receive HS or college practicum, community service, or work experience credit for volunteering? \_\_\_\_yes  
\_\_\_\_no

If yes, list school/college \_\_\_\_\_ Teacher or professor \_\_\_\_\_

*By my signature, I certify that I understand this is a volunteer position, NOT a paid position; that all answers and statements on this application are true and complete to the best of my knowledge; and, that should an investigation disclose untruthful or misleading answers, my application could be rejected for consideration and volunteer status terminated.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach a copy of your photo ID to this page.

As a volunteer working in a State of Oregon agency, you need to understand the extent to which you are covered by State of Oregon insurance for liability and personal injury/illness. Please read the following carefully and sign below.

**Tort Liability**

You will be protected from civil liability for injuries or damage to the person or property of others, subject to the following general conditions:

1. You are working on a state agency task assigned by an authorized agency supervisor;
2. You limit your actions to the duties assigned; and
3. You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

The conditions and limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260-300, and Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-202.

**Motor Vehicle Liability**

If you drive on campus or as part of your volunteer duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. You must also provide proof of insurance and have on file at OSD. State provided auto liability coverage will apply on a limited basis only after your primary coverage limits have been used.

**Medical/Disability Insurance**

It is your responsibility to provide whatever personal medical insurance coverage you desire. The agency **does not** provide workers' compensation or medical insurance coverage of any kind for your injury or illness incurred on the job.

**Reporting Responsibility**

Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform the Volunteer Coordinator or the front office as soon as possible.

**Assigned Duties** (Note if any document is attached or referred to for details) (Office use only)

---

---

---

**I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.**

Please print – Must be completed.

Name (last, first)	Telephone
Address	Date
Signature	
In case of emergency, please notify _____	
Home Phone _____ Work Phone _____	

**Office Use Only**

Agency Supervisor	Division/Program
Title	Telephone
Signature	Date

**AUTHORIZATION FOR MEDICAL CARE (Volunteers who are under 18 must fill this out)**

**READ CAREFULLY**

I, \_\_\_\_\_, as parent or legal guardian hereby grant permission for

\_\_\_\_\_ to do attend/participate in \_\_\_\_\_.

In the event of an emergency, accident, or illness, I authorize Oregon School for the Deaf and its agents to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment.

**My signature below hereby represents that I have read, understand, and consent to this agreement.**

\_\_\_\_\_  
Signature of Participant Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date  
(Legal Guardian signature required if volunteer is under age 18 years.)

**AUTHORIZATION FOR MEDICAL CARE (Volunteers over age 18)**

**READ CAREFULLY**

In the event of an emergency, accident, or illness, I authorize Oregon School for the Deaf and its agents to administer emergency medical care to myself and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment.

**My signature below hereby represents that I have read, understand, and consent to this agreement.**

\_\_\_\_\_  
Signature of Participant                      Date

## 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: \_\_\_\_\_