

**Oregon School for the Deaf**  
**VOLUNTEER SERVICE**  
**NIGHTMARE FACTORY VOLUNTEER FORM**



*Volunteer Process*

1. 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. No Exceptions!**
2. Once the criminal check is verified as clear, you will be contacted for an appointment to meet with the Volunteer Coordinator of the area that you selected on your application.
3. Return your signed application and Criminal History Background check for processing to: Sharon Thompson. [sharon.thompson@osd.k12.or.us](mailto:sharon.thompson@osd.k12.or.us)

\*Criminal History Background Checks take up to 2.5 months to be cleared. Please be patient. If you have not heard from Ed or Kivo after that time, please e-mail them. [ed.roberts@osd.k12.or.us](mailto:ed.roberts@osd.k12.or.us) or [kivo.lefevre@osd.k12.or.us](mailto:kivo.lefevre@osd.k12.or.us).

**FOR RETURNING VOLUNTEERS:**

**IF YOUR CONTACT INFORMATION DID NOT CHANGE FROM LAST YEAR, JUST FILL IN YOUR NAME, NEATLY PRINT YOUR EMAIL ADDRESS AND THEN SIGN THE BOTTOM OF THE FIRST PAGE. YOU MAY SKIP THE REST OF THE FIRST PAGE.**

**WE MUST HAVE PAGE 2, 3 AND 4 FILLED OUT COMPLETELY.**

**NIGHTMARE FACTORY VOLUNTEER APPLICATION Must be submitted between January 1<sup>st</sup> and August 20<sup>th</sup> 2018 in order to participate in the Fall Nightmare Factory.**



- Volunteer
- OSD Parent
- Practicum

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

**For Office Use Only**

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

NIGHTMARE FACTORY VOLUNTEER APPLICATION  
**Must be submitted between January 1<sup>st</sup> and August 20<sup>th</sup> 2018.**  
*Please Print*

Last Name	First Name	Initial	Email Address
Mailing address		Primary Phone Number	
City	State	Zip	

**Education/Training**

List current valid licenses or certificates that pertain to your volunteer specialty area: \_\_\_\_\_  
 List any special skills you have: \_\_\_\_\_  
 Describe your ASL skills: None ASL1 (fingerspelling) ASL2 (social) ASL3 (fluent) ASL4 (Proficient)  
 Other: \_\_\_\_\_

**Please let us know your area of interest/specialty area you would like: (limit 3) Prioritize by number 1-3**

**Nightmare Factory**

- |                                     |                                    |                                      |
|-------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Set Design | <input type="checkbox"/> Logistics | <input type="checkbox"/> Clean Up    |
| <input type="checkbox"/> Make-Up    | <input type="checkbox"/> Costumes  | <input type="checkbox"/> Cooking     |
| <input type="checkbox"/> Acting     | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Other _____ |

**References (not related to you)**

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

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

Have you volunteered at OSD's Nightmare Factory before?  Yes  No 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.**

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 **Boaz Edmunson, Ed Roberts, Kivo Phillips or Jan Sykes** as soon as possible before your shift is over.

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

**Please print – Must be completed.**

Name (Last, First, M.I.)	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

**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: \_\_\_\_\_

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: 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 preceding questions. If you answer no to any of the questions above, and a criminal conviction exists, this will result in a "No" determination by ODE.**

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 the receipt of this notice.

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