

VOLUNTEER REGISTRATION FORM

EDDYVILLE CHARTER SCHOOL

Date: _____

Name: _____

Address: _____ City _____ Zip _____

Telephone(Day) _____ (Eve.) _____

Email: _____

Days or Times available for volunteering: _____

Past volunteer experience: _____

Resources/Enrichment: We have the opportunity at ECS for volunteers to teach elective courses in small blocks during the school year. Do you have any special skills, hobbies, profession, etc. that you would be willing to share with our students as an elective course?

Other areas of volunteer interest:

- | | | |
|--|---|---|
| <input type="checkbox"/> Library | <input type="checkbox"/> Classroom Assistant | <input type="checkbox"/> Book Fair |
| <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Holiday Hobby Hour |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Booster Club | <input type="checkbox"/> Bulletin Boards |
| <input type="checkbox"/> Music/Drama/Dance | <input type="checkbox"/> End of Year Activities | <input type="checkbox"/> Career Day |
| <input type="checkbox"/> First Friday Reading Workshop | | <input type="checkbox"/> Health Screening |
| <input type="checkbox"/> Other: _____ | | |

Please return this form to the Eddyville Charter School. THANK YOU!!



SELF-REGISTRATION INSTRUCTIONS Lincoln County School District Parents and Volunteers

Lincoln County Schools is using SafeSchools online safety training to train staff as well as parents on school-related safety issues. SafeSchools offers trainings in all facets of school safety, and its compliance management system tracks all the training for the district, allowing us to easily demonstrate state and federal compliance with safety mandates.

As a district **volunteer**, you are **required** to register yourself to the system in order to take the required training. Here is the process. **PLEASE FOLLOW THESE INSTRUCTIONS CLOSELY:**

1. Go to the Lincoln County SafeSchools training registration site, <http://lincoln.or.safeschools.com/register/365540c9>
2. Enter your basic information, including a username of which you will use to login to the system moving forward. **VERY IMPORTANT: Please enter your username as `firstname.lastname` (susie.smith)**
3. Click the **REGISTER** button.
4. Click on [the training page](#)
5. To begin the course, click on [Volunteer Orientation \(Full Course \(Oregon\)\)](#)
6. To earn a [certificate of completion](#), you must complete the course and pass the quiz. *You do not have to take SafeSchools courses in one sitting, however; if you are called away, the system will remember where you left off and allow you to pick up again at that point. To log back in, the training site is <http://lincoln.or.safeschools.com> where you will be asked for your username.*
7. To print your certificate: click on the **BLUE RIBBON** and print your certificate.

Thank you! Your participation will help to make Lincoln County School District a safer place to work and learn! If you have any questions, please contact your school office.

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

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: _____