

Siuslaw School District 97J
2111 Oak Street, Florence, Or 97439

CRIMINAL HISTORY VERIFICATION OF VOLUNTEERS & SUBSTITUTES

Please type or print clearly as appears on Drivers License

Name: _____ Date of Birth: _____ Sex: _____
 First Middle Last

List Other Names Previously Used: _____

Other States of Residence: _____

Social Security No.: _____ Oregon Drivers License No. _____
(Providing your social security number on this form is voluntary.)

Address: _____

City: _____ State: _____ Zip: _____

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 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

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

D. Have you **ever** been convicted of any other crime except a motor 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 Siuslaw School District to
verify the responses to the preceding questions.

I hereby grant Siuslaw School District permission to check civil or criminal records to verify
any statement made on this form. Regardless of whether the volunteer grants consent,
Siuslaw School District will conduct a criminal offender record check. The volunteer is entitled
to review his/her criminal history for inaccurate or incomplete information.

I acknowledge reading and receiving a copy of this notice.

Volunteers Signature: _____ Date: _____
02/29/2008