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:

___ Library

___ Clerical/Office

___ Athletics

___ Music/Drama/Dance

___ First Friday Reading Workshop

___ Other: _____________________________________________________________

___ Classroom Assistant

___ Newsletter

___ Booster Club

___ End of Year Activities

___ Book Fair

___ Holiday Hobby Hour

___ Bulletin Boards

___ Career Day

___ Health Screening

Please return this form to the Eddyville Charter School. THANK YOU!!
CRIMINAL HISTORY VERIFICATION OF APPLICANTS

PLEASE PRINT CLEARLY (use same information that appears on your identification)

Name: ________________________________  ________________________________  ________________________________  ________________________________  __________________
(Last Name)  (First Name)  (Middle Name)  Date of Birth: ____________ MM/DD/YYYY

List Other Names Previously Used: ___________________________________________________
(Include Maiden Name)

Driver's License/Identification Card No. ________________________________________________________________________________________ State __________________

Social Security No. ____________________________________________________________________________ Telephone No. ______________________
Providing your Social Security number on this form is voluntary. If you choose not to disclose the 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, it will be used as an additional identifier to search for any criminal record you may have. State and federal laws protect the privacy of your records.

Mailing Address: ____________________________________________________________________________
(Street Address/P.O. Box)

City: ________________________________  ________________________________  State: ________________________  Zip Code: ____________________________

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

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: ______________________________

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: ______________________________

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

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 Lincoln County School District to verify the responses to the preceding questions.

I hereby grant to Criminal Information Services, Inc. (CRIS) permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, CRIS will conduct a criminal offender record check of applicants for the position of 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, 800 NE Oregon St., Suite 1045, Portland, Oregon 97232; telephone (962) 673-0764.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: ____________________________________________  Date: ____________________________

LCSD Rev. 7/14
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 and volunteers 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 School District SafeSchools training registration site:
   http://lincoln.or.safeschools.com/register/365540c9

2. Enter your basic information, including a username which you will use to log in to the system. VERY IMPORTANT: Please enter your username as firstname.lastname (ex. 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. However, you do not have to take SafeSchools courses in one sitting; 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.

Revised 2-28-13