

Mentor and Volunteer Application

for Placement in the La Grande School District

PLEASE PRINT LEGIBLY

DATE _____

Legal Name (First) _____ (Last) _____ (MI) _____

Street Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

E-mail Address _____

Emergency Contact: Name _____ Phone # _____ Relationship _____

Have you volunteered in the La Grande School District before? _____ If yes, state where and when: _____

Do you have a skill, desire, or interest you care to share? Please list: _____

List other languages you speak or read. _____

Preference of age group to work with? _____

Please check the days and times you are available to volunteer:

MONDAY

Not Available

8-10 a.m.

10-noon

noon-3 p.m.

No Preference

TUESDAY

Not Available

8-10 a.m.

10-noon

noon-3 p.m.

No Preference

WEDNESDAY

Not Available

8-10 a.m.

10-noon

noon-3 p.m.

No Preference

THURSDAY

Not Available

8-10 a.m.

10-noon

noon-3 p.m.

No Preference

FRIDAY

Not Available

8-10 a.m.

10-noon

noon-3 p.m.

No Preference

Do you need special accommodations to perform volunteer services? _____ If yes, please specify: _____

*******REFERENCES*******

Three references are required and should have known you for longer than six (6) months; reference should not be a relative or roommate. Fill out carefully – incomplete information will delay processing the application.

REFERENCE #1

First and Last Name _____

Mailing Address _____

City / State / Zip _____ Phone # _____

REFERENCE #2

First and Last Name _____

Mailing Address _____

City / State / Zip _____ Phone # _____

REFERENCE #3

First and Last Name _____

Mailing Address _____

City / State / Zip _____ Phone # _____

It is best to contact your references prior to submitting this application. References will be contacted.

VERIFICATION STATEMENT

I, _____, certify that all statements contained herein are true and
(PRINT NAME)

complete whether made by myself or others at my request.

Signature _____ Date _____

Official use only, do not write in this area.

Date Received: _____ School Assigned: _____

Background Check: _____ Type: _____

Received By: _____ Date: _____

Criminal History Verification of Applicants

Please type or print clearly.

As Appears on Legal Identification

Legal Name:

_____ (Last Name) (First Name) (Middle Name)

Address _____
Street Apt # City State Zip

List Other Names Previously Used:

(includes Maiden Name)

Driver License/Identification Card No.: _____ Issue State: _____

DOB: _____ Gender: Male ___ Female ___

Social Security 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 benefit to which you are otherwise entitled. If you do provide the number the district 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.

A. Have you **EVER** been convicted of a sex-related crime?

___ Yes ___ No

1. If yes, was the conviction in Oregon or another state? Please specify state:

2. If yes, did the crime involve force to minors?

___ Yes ___ No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence?

___ Yes ___ No

1. If yes, was the conviction in Oregon or another state? Please specify state:

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages?

___ Yes ___ No

1. If yes, was the conviction in Oregon or another state? Please specify 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 NWRESA to verify the responses to the preceding questions.

I hereby grant to the school district permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the school district will conduct a criminal offender record check of applicants for all prospective school employees and volunteers 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 97323, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____ Date: _____

****Copy of Driver's License Required for Criminal Records Check****

La Grande Public Schools Student Privacy Statement and Volunteer Confidentiality Agreement

Student Privacy and Volunteer Confidentiality

Students in the La Grande Public Schools have the right to expect that information about them will be kept confidential by all volunteers. Additionally, the U.S. congress has addressed the privacy-related concerns of educators, parents and students by enacting the Family Educational Rights and Privacy Act (known more commonly as “FERPA” or the “Buckley Amendment”). Among other provisions, FERPA allows the government to withdraw federal funds from any educational institution, including the La Grande Public Schools, which disseminates a student’s education records without his or her parent’s consent.

Each student with whom you work has the right to expect that nothing that happened to or about him or her will be repeated to anyone other than authorized school department employees, as designated by the administrators at your school. Even when discussing a student with those who are directly involved in a student’s education, such as a teacher, principal or guidance counselor, you may not share otherwise confidential information with them unless it is relevant to the student’s educational growth, safety or well being.

You may not share information about a student even with others who are genuinely interested in the student’s welfare, such as social workers, scout leaders, clergy, or nurses/physicians (a grave medical emergency, in which confidential information may be necessary for a student’s care, is the only exception). Thus, you must refer all such questions to the school employees so authorized and indicated to you, typically the student’s teacher or principal.

Parents, friends or community members may in good faith ask you questions about a student’s problems or progress. Again, you must refer all such questions to the authorized school employees. You may not share information about a student even with members of your own family or the student’s family.

Before you speak, always remember that violating a student’s confidentiality isn’t just impolite, it is against the law.

Agreement:

I, (print name) _____, as a volunteer for La Grande Public Schools agree never to disclose student information to anyone other than an authorized school department employee. I will refer all requests for such information from those not directly involved in the student’s education to authorized school department employees.

Signature _____

Date _____