



# Student Volunteers and Student Workers Criminal History Background Statement

Revised 3/1/06

This application is for all individuals under the age of 18. Please answer all questions on this form. Incomplete information may cause your application to be delayed, rejected, or returned. Please print legibly and clearly. **\*\*Only Student Workers, those who are in a paid position with the Salem-Keizer School District, will need to disclose their social security number.**

State	Drivers License/ Permit/ID Number	Last Name	Legal First Name	Full Middle Name	Date of Birth mm/dd/yr	Sex	Social Security Number (required for Student Workers only)**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Message Phone ( ) \_\_\_\_\_

A. List other names previously used \_\_\_\_\_

B. List other states where you have resided \_\_\_\_\_

**YOU MUST CHECK YES OR NO. FALSIFYING OR NOT DISCLOSING INFORMATION WILL RESULT IN DISQUALIFICATION OF APPLICATION OR TERMINATION OF VOLUNTEER ASSIGNMENT OR EMPLOYMENT.**

Have you ever been convicted in adult court, referred to, or placed in the jurisdiction of any juvenile court or juvenile department or convicted of or admission to any crime or law violation involving any of the following? **If yes, to any of the questions below, please explain on a separate sheet of paper and attach.**

- Sex-related crime? \_\_\_\_\_ List state and county \_\_\_\_\_  Yes  No
- Crime or violation involving violence or threat of violence? \_\_\_\_\_ List state and county \_\_\_\_\_  Yes  No
- Restraining order or stalking order? \_\_\_\_\_ List state and county \_\_\_\_\_  Yes  No
- Criminal activity involving drugs? \_\_\_\_\_ List state and county \_\_\_\_\_  Yes  No
- Criminal activity involving alcohol? \_\_\_\_\_ List state and county \_\_\_\_\_  Yes  No
- Crime or violation involving theft? \_\_\_\_\_ List state and county \_\_\_\_\_  Yes  No
- Any other crime or violation except a minor traffic violation? \_\_\_\_\_  Yes  No
- A crime or violation that is in the court but not yet resolved? \_\_\_\_\_ List state and county \_\_\_\_\_  Yes  No

School currently attending \_\_\_\_\_ Volunteer Location: \_\_\_\_\_

### AUTHORIZATION TO RELEASE INFORMATION (RELEASE FROM LIABILITY AND WAIVER)

To any law enforcement agencies, civil records authorities, and Salem-Keizer Public School District: I authorize you to release to the Salem-Keizer School District any and all information and civil or criminal records naming me, including all entries where I am named as being arrested, as a suspect, as being cited for any crime, violation, infraction or offense, or as otherwise involved or named in any report by any member agency of your organization.

I, personally and on behalf of any subsequent representative of my estate, hereby forever release you, your organization, it's member agencies, member agency parent governments, and all their officers and employees, from any liability or damage, either direct or indirect, which may result from furnishing the information requested and will hold harmless the law enforcement agencies, and the Salem-Keizer School District from the provision or use of any information so obtained regardless of whether it should be later proven to be factual or not factual. This form may not be altered.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
**(Required)**

Office Use Only:		
Job Title _____	Location _____	Hire Date _____
Supervisor/Coordinator _____	Ext # _____	

Please return to: Salem-Keizer Public Schools, Human Resources, P.O. Box 12024, Salem, OR 97309