



# Volunteer Application

## David Douglas School District

Human Resources Dept  
1500 SE 130<sup>th</sup> Ave  
Portland, OR 97233  
(503)252-2900

Complete this form and turn it in to the school/program in which you wish to volunteer. All fields are required unless otherwise indicated

Last Name	First Name	Middle Initial	Gender		Date of Birth
			M	F	

Full Street Address	City	State	Zip Code	Phone Number

Have you lived in Oregon for the last three years?       Yes    No

Have you **EVER** been convicted of any crime?       Yes    No

**If Yes, List the date and all cities and states in which you have a criminal conviction.**

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The David Douglas District is required to deny volunteer privileges to anyone convicted of certain felonies and misdemeanors (those listed in ORS.342.142). In addition the District reserves the right to deny volunteer privileges to persons based on the nature and recentness of crimes and overall criminal record. The Public Safety Department or the school Principal may revoke a volunteer's privileges at any time if the volunteer's presence is considered disruptive or unsafe to the learning environment.

David Douglas School District strives to ensure a safe learning environment for our children. Therefore, any person that refuses a criminal background check will not be allowed to volunteer. There are no exceptions.

I consent to a check of criminal/civil records by the David Douglas School District.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

**HR Copy**

# School Volunteer Registration Form

**Preferred Schools:**

HS  FR  AO  FL  RR  CP  EB  GH  GP  LP  MN  ML  NP  VP  WP  SP  DO

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Name Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

EMERGENCY INFORMATION: In case of an emergency, please notify:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**Type of Volunteer:**

Parent  Student  Community Member  Other \_\_\_\_\_

**Preferred Time for Volunteering:**

Daily  Weekly  Monthly  Occasionally

**Preferred Day(s) of the Week:**

Monday  Tuesday  Wednesday  Thursday  Friday

Time of Day Available: From \_\_\_\_\_ to \_\_\_\_\_

**Type of Volunteer Work Preferred:**

Classroom  Library  Clerical  Special Events  Field Trips  Parent/Teacher Club

**Resources/Enrichment**

Do you have any of the following you are willing to share with students?

Hobbies: \_\_\_\_\_

Profession: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Comments or Ideas: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Please complete both sides of this form. Form must be completed annually.

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**For School Volunteer Coordinator Use Only:**

Completed Volunteer Orientation Training  Yes  No

School Copy