ASPIRE Volunteer Application

Name _____ Date of Birth _____

Phone (home) _____ (cell) _____ (work) _____

Street Address _____ City _____ Zip _____

Mailing Address (if different from above) _____

Email Address _____

Emergency contact person _____ Phone _____

Have you lived in another state in the last five years? ☐ Yes ☐ No

If yes, which state(s)? _____

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please explain: _____

Do you object to our agency running a background check on you? ☐ Yes ☐ No

Personal references:
References should have known you for at least 6 months, and not be relatives or live in the same household.

_____
(name) (full mailing address) (phone)

_____
(name) (full mailing address) (phone)

_____
(name) (full mailing address) (phone)

Occupation (current or before retirement) _____

Education and training background _____

How did you hear about this program? _____

Experience with teens _____

If you have a disability and require accommodations to perform your assignment, please indicate _____

_____

Signature _____ Date _____

For Office Use Only

Screening Process	Date Completed
Criminal Record Check	
Personal References	
1.	
2.	
3	
Training	
ASPIRE for the Community Video (required)	
Volunteer Training (required)	

ASPIRE

ASPIRE Volunteer Confidentiality Agreement

Confidentiality Agreement

Confidentiality is the preservation of any privileged information concerning students that is disclosed in a professional working relationship.

The volunteer ASPIRE Mentor will keep the communication with his or her student confidential. All records dealing with specific students must be treated as confidential and be maintained according to site policy. ASPIRE Mentors will not discuss students' confidential information outside of the program.

General information, policy statements, or statistical material that is not identified with any individual or family is not classified as confidential.

Although the site is liable for a volunteer's acts within the scope of his or her duty, giving information to an unauthorized person could be interpreted as not acting within the scope of that duty and the site could refuse to support the volunteer in the event of a legal action. Violation of the Oregon Revised Statute regarding confidentiality of records is punishable upon conviction by a fine of not more than $1,000 or by imprisonment in the county jail for not more than 60 days, or both.

The only exception to confidentiality restrictions is if a volunteer thinks a student is being physically or sexually abused or is involved in a life-threatening activity. This must be reported immediately to the site counselor/administrator and/or the police or State of Oregon child welfare agency.

My signature below certifies that I have read the material above and understand the confidentiality policy. I understand that my duty as a volunteer ASPIRE Mentor is to abide by the laws and policies regarding preservation of confidential information. I agree to the responsibilities described in the position description.

Signature: _____ Date: _____

ASPIRE Publicity Authorization

I give permission for the site and the ASPIRE program to use my name, photograph or quotes in any form of ASPIRE publicity. I understand that I may withdraw my consent at any time by submitting a written request to the ASPIRE Coordinator.

Signature: _____ Date: _____

Fill out both sides. Return to Mrs. Pate in the Counseling Center. Mentoring begins Dec. 2016.
Questions/Concerns call or email:
503-844-1900 Ext. 3518
pateb@hsd.k12.or.us