

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)	

## **Confidentiality**

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.

## **Mandatory Reporting**

ASPIRE mentors, as volunteers working with Oregon students, are mandated by law to report any known or suspected cases of child abuse to either a law enforcement agency or the Oregon Dept. of Human Services. This mandate is the only exception to the confidentiality clause listed above.

## **Avoid Conflicts of Interest**

ASPIRE mentors may not sell anything to students, nor should they attempt to promote their personal religious, political, academic, or career agendas.

## **Interactions with Students**

All ASPIRE meetings must occur on site and in the presence of site staff. No electronic communication is permitted between the ASPIRE mentor and student unless allowed by site administration and with the knowledge of the ASPIRE coordinator. Additionally, ASPIRE mentors may not transport students in their personal vehicles.

My signature below certifies I have read the material above and understand the confidentiality, mandatory reporting, conflict of interest, and interaction with student policies. 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: \_\_\_\_\_

# CRIMINAL HISTORY VERIFICATION OF APPLICANTS

**THIS FORM MUST BE ENCLOSED WITH THE 581-2281-N SCHOOL/DISTRICT COVER FORM AND A CHECK FOR \$5.00 PER APPLICANT.  
ALL DOCUMENTS MUST BE MAILED TOGETHER TO THE DEPARTMENT OF EDUCATION.**

**Please type or print clearly.**

As Appears on License

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used: \_\_\_\_\_  
(includes Maiden Name)

Social Security No.: \_\_\_\_\_ Driver License/Identification Card 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 benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police 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.*

Mailing Address: \_\_\_\_\_  
Full Street Address/Post Office Box

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

A. 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

B. 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: \_\_\_\_\_

C. 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: \_\_\_\_\_

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 Oregon Department of Education to verify the responses to the preceding questions.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, 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, State Office Building, Suite 1070, Portland, Oregon 97232, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

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