



STUDENT VOLUNTEER CRIMINAL HISTORY CHECK SUMMARY

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. Please return the completed form to your school or call 503-399-3061 if you have any questions.

Legal Last Name	Legal First Name	Full Middle Name	Date of Birth mm/dd/yy

List other names
you have used (if any): _____ Telephone: _____

Current Address: _____
Street Apt # City State Zip

Name of your parent/legal guardian: _____

Are you currently enrolled as a student in the Salem-Keizer School District? ☐ Yes ☐ No

Name of the school you currently attend: _____ Student ID Number: _____

Where do you want to volunteer (include the name of the school and teacher or program if known)? _____

Is volunteering a requirement for a class, organization, or club you are involved in? ☐ Yes ☐ No

If yes, what is the name of your teacher or club advisor? _____

Is there any other information you would like us to know? _____

YOU MUST CHECK YES OR NO. NOT BEING TRUTHFUL OR NOT SHARING REQUIRED INFORMATION WILL RESULT IN YOU NOT BEING ALLOWED TO VOLUNTEER. IF YOU DON'T KNOW HOW TO ANSWER A QUESTION, CALL 503-399-3061.

1. Have you ever been **convicted or adjudicated** of a crime or law violation? ☐ Yes ☐ No
2. Have you ever received **diversion or attended classes** for a crime or law violation? ☐ Yes ☐ No
3. Have you ever been **referred** to a juvenile department or court for a crime or law violation? ☐ Yes ☐ No
4. Have you ever been on **probation** for a crime or law violation? ☐ Yes ☐ No
5. Have you been **charged** with a crime or law violation that is not yet resolved? ☐ Yes ☐ No
6. Have you ever been **expelled or suspended** from a school? ☐ Yes ☐ No
7. Have you ever been **investigated** for a violation of school policy? ☐ Yes ☐ No

AUTHORIZATION TO RELEASE INFORMATION (RELEASE FROM LIABILITY AND WAIVER): To any law enforcement agencies, civil records authorities, Salem-Keizer Public School District, and other public or private schools or school districts: 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, its 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, civil records authorities, Salem-Keizer Public School District, and other public or private schools or school districts 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 (Required) _____ Date _____

Your Name_____

Explanation of Crimes/Offenses (Please complete this section if you answered “yes” to any questions on page 1).

Name of crime or violation	When did it happen?	Explanation

CHECKLIST

Student Volunteer Criminal History Check Statement

Please review the checklist below before submitting your Student Criminal History Check Statement:

- ☐ Both the student and the student’s parent/guardian signed the form.
- ☐ The student is less than 18 years old. Students who are 18 years and older need to complete the adult volunteer criminal history form.
- ☐ The student is going to volunteer. Student workers who will be paid need to complete a different form.
- ☐ All questions are answered completely and honestly. If you are unsure how to answer a question, please call Human Resources at 503-399-3061. Students who falsify their applications may not be allowed to volunteer.
- ☐ Complete the explanation section on page 2 for any “yes” answers.

Please return the completed form to your school. The school staff will submit it to our Prevention and Protection/Human Resources Department for processing. If you have any questions, please contact Human Resources at 503-399-3061.

STUDENTS: PLEASE DO NOT WRITE ANYTHING IN THIS BOX

This section is to be completed by the school administrator or their designee only.

Based on all available information, including SKSD discipline records, I approve of this student volunteering with younger students and volunteering in the activity listed on page one of this form. Refer to QAM#PAP-P007 “Student Criminal History Check” for additional requirements.

PLEASE CHECK ONE: ☐ YES ☐ NOT AT THIS TIME

Signature_____ Print Name_____ Date_____

Please contact Debbie Joa in HR, 503-399-3061 or Teams: 503-339-1423 if you would like to discuss any questions or concerns.
After completing this section, please forward the form to Prevention and Protection (Human Resources) via mail or email:
prevention_protection@salkeiz.k12.or.us for a criminal history check and processing.