

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

Please 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. If you do provide the number, the Oregon Department of Education will use it as an additional identifier to search for any criminal record you may have within the State of Oregon. 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: _____

Advisory: An in-state check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the following questions. If you answer no to any of the questions below, and a criminal conviction exists, this will result in a "No" determination by ODE.

Convictions of misdemeanor or felony crimes DO NOT automatically drop off your record after a period of time. If you believe a crime has been removed from your record and you are mistaken, it will result in a finding that you knowingly made a false statement.

1. Have you EVER been convicted of ANY crimes listed under 1 on the reverse side of this form? Yes No

If yes, was the crime in Oregon or a similar crime in another state? _____

2. A crime includes a felony or misdemeanor. Have you EVER been convicted of ANY other crime NOT included in the list under question 1, this includes major traffic violations (including DUII, etc)? Yes No

The applicant is entitled to inspect and challenge the accuracy of their Oregon criminal record through the Oregon State Police procedures by contacting Oregon State Police directly under ORS 181A.230(3) and OAR 257-10-0035.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form for the purpose of pre-employment and/or volunteering purposes at an Oregon school and/or institution.

I acknowledge reading and receipt of this notice.

Applicant's Signature: _____ Date: _____
Form 581-2282-M (Rev. 2/21)

CRIMES RELATING TO QUESTION 1
OREGON LAWS

163.095	Aggravated Murder	167.062	Sadomasochistic Abuse or Sexual Conduct in Live Show
163.107	Murder in the First Degree		
163.115	Murder in the Second Degree		
163.185	Assault in the First Degree	167.075	Exhibiting an Obscene Performance to a Minor
163.235	Kidnapping in the First Degree	167.080	Displaying Obscene Materials to Minors
163.355	Rape in the Third Degree	167.090	Publicly Displaying Nudity or Sex for Advertising Purposes
163.365	Rape in the Second Degree	475.808	Unlawful manufacture of hydrocodone within 1,000 feet of school
163.375	Rape in the First Degree	475.810	Unlawful delivery of hydrocodone
163.385	Sodomy in the Third Degree	475.812	Unlawful delivery of hydrocodone within 1,000 feet of school
163.395	Sodomy in the Second Degree	475.818	Unlawful manufacture of methadone within 1,000 feet of school
163.405	Sodomy in the First Degree	475.820	Unlawful delivery of methadone
163.408	Unlawful Sex Penetration in the Second Degree	475.822	Unlawful delivery of methadone within 1,000 feet of school
163.411	Unlawful Sex Penetration in the First Degree	475.828	Unlawful manufacture of oxycodone within 1,000 feet of school
163.415	Sexual Abuse in the Third Degree	475.830	Unlawful delivery of oxycodone
163.425	Sexual Abuse in the Second Degree	475.832	Unlawful delivery of oxycodone within 1,000 feet of school
163.427	Sexual Abuse in the First Degree	475.848	Unlawful Manufacture of Heroin within 1,000 Feet of School
163.432	Online Sexual Corruption of a Child in the Second Degree	475.852	Unlawful Delivery of Heroin within 1,000 Feet of School
163.433	Online Sexual Corruption of a Child in the First Degree	475.868	Unlawful Manufacture of 3, 4-Methylenedioxyamphetamine within 1,000 Feet of School
163.435	Contributing to the Sexual Delinquency of a Minor	475.872	Unlawful Delivery of 3, 4-Methylenedioxyamphetamine within 1,000 Feet of School
163.445	Sexual Misconduct	475.878	Unlawful Manufacture of Cocaine within 1,000 Feet of School
163.465	Public Indecency	475.880	Unlawful Delivery of Cocaine
163.515	Bigamy	475.882	Unlawful Delivery of Cocaine within 1,000 Feet of School
163.525	Incest	475.888	Unlawful Manufacture of Methamphetamine within 1,000 Feet of School
163.547	Child Neglect in the First Degree	475.890	Unlawful Delivery of Methamphetamine
163.575	Endangering the Welfare of a Minor	475.892	Unlawful Delivery of Methamphetamine within 1,000 Feet of School
163.670	Using Child in Display of Sexually Explicit Conduct	475.904	Unlawful Manufacture or Delivery of Controlled Substance within 1,000 Feet of School
163.675	Sale of Exhibition of Visual Reproduction of Sexual Conduct by Child	475.906	Penalties for Distribution to Minors
163.680	Paying for Viewing Sexual Conduct Involving a Child	161.405	Attempt to Commit Any of the Above-Listed Crimes
163.684	Encouraging Child Sex Abuse in the First Degree		
163.686	Encouraging Child Sex Abuse in the Second Degree		
163.687	Encouraging Child Sex Abuse in the Third Degree		
163.688	Possession of Materials Depicting Sexually Explicit Conduct of a Child in the First Degree		
163.689	Possession of Materials Depicting Sexually Explicit Conduct of a Child in the Second Degree		
164.325	Arson in the First Degree		
164.415	Robbery in the First Degree		
166.005	Treason		
166.087	Abuse of Corpse in the First Degree		
167.007	Prostitution		
167.008	Patronizing a Prostitute		
167.012	Promoting Prostitution		
167.017	Compelling Prostitution		
167.057	Luring a Minor		



Office use only:

ADULT VOLUNTEER WORKER CERTIFICATE

Child(ren) in Tillamook School District #9 schools Please list Name / School

- 1. _____ 3. _____
- 2. _____ 4. _____

I, the undersigned, donate my time as a volunteer worker in the public schools of Tillamook School District #9 and understand that the school district does not provide any compensation to, or for, me and does not provide any benefits to, or for, me.

Name of Volunteer Worker: _____
(Full name please)

Phone #: _____

Residence Address _____

City _____ State _____ Zip _____

Mail Address if different than residence address

IN CASE OF ACCIDENT:

Notify: _____ Phone # _____

The school district has my permission to call for an ambulance to transport me to the nearest Hospital in case of an accident that, in the belief of the administrator, is serious enough to call for an ambulance. In this event, neither the school district nor any of its employees shall be liable for any costs connected with the ambulance, hospital, or doctor's services.

Liability Waiver: I understand that my service as a volunteer does not entitle me to insurance protection different from any other visitor to the school campus. I understand that as a volunteer I am not entitled to workers compensation insurance from the school district. Any personal injury to myself or my property, as a result of my own actions, will not be the responsibility of the school district. I agree to report immediately to the building principal any injury to myself or my property. By signing this waiver, I am saying that I have read this waiver and understand the information on this form.

Signature _____ Date Signed _____
Adult Volunteer Worker

Building Administrator: Each adult volunteer worker must have this signed volunteer worker certificate filed with the school district office before any volunteer work is performed. This is to help protect the volunteer worker and the school district.