



North Marion School District Criminal History Background Check for Volunteers

Ph: 503-678-7100 | Fax: 503-678-1473

The information requested below will be used to complete your background check. Please answer all five (5) questions with accurate and honest information. Failure to provide information or providing inaccurate information will be considered knowingly making a false statement and will result in denial of your application. State and federal laws protect the privacy of your records. If you are unable or unwilling to provide a Social Security or a Driver's License number, NMSD may be unable to do an adequate background check for you, and won't be able to approve you as a volunteer. However, parents may participate directly with their child without official designation as a volunteer, providing the school allows it. If the participation involves a field trip, the parent must provide their own transportation to and from the destination. Parents without official volunteer designation may not supervise any students, other than their own child. For more information on Volunteering in NMSD and a Volunteer Packet, please visit our website at www.nmarion.k12.or.us.

Type or Print Clearly As Appears on License

_____	_____	_____	Female	Male	Non-Binary
First Name	Middle Name	Last Name			

Other Names Used: _____
Maiden, alias', legal name changes etc.

_____	_____	_____	_____
Mailing Address (Full Street/Post Office Box)	City	State	Zip

_____	_____	_____
Primary Phone	Other Phone	Date of Birth (MM/DD/YYYY)

_____	_____	_____	_____
Driver License #	Issuing State	Original Issue Date	Social Security #

- Have you **EVER** been convicted of a sex-related crime? YES NO
If yes, was the conviction in Oregon or another state? Specify State and Year: _____
If yes, did the crime involve force or minors? YES NO
- 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? Specify State and Year: _____
- Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages that resulted in your driving privileges suspended or revoked? YES NO
If yes, was the conviction in Oregon or another state? Specify State and Year: _____
- Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes) YES NO
- 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

Comments: Is there any information that you would like the District or Representative to consider regarding any of your responses or about any information that may be discovered during the investigation?

I, _____ state that all the information on this form is accurate and complete to the best of my knowledge. With my signature below I authorize the Criminal Information Services, Inc. and its representative to obtain information about me (if applicable) from various law enforcement agencies, courts, and corrections agencies. Further, with my signature I give irrevocable consent to all governmental agencies, public or private companies and individuals to release information regarding me to the Willamette Education Service District and to their representative, Criminal information Services, Inc. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original.

_____	_____
Applicant's Signature	Date

**RETURN THIS FORM TO YOUR CHILD'S SCHOOL OR DIRECTLY TO:
North Marion School District Office - Attn: Security Director
20256 Grim Rd NE, Aurora, OR 970002**

Updated: 02/2024 by Laubsede