



Redmond Area Park and Recreation District

PO Box 843, Redmond OR 97756

(541) 548-7275

www.raprd.org

Volunteer Information

Date: _____

Name: _____

Address: _____

Home phone: _____ Cell phone: _____

Email: _____

Volunteer activity:

Soccer coach _____

Basketball coach _____

Swim Lessons teacher _____

Clinics for sports/classes _____

Volleyball coach _____

Special Events _____

Advisory Committee _____

Swim Lessons Aide _____

Park Development _____

Park Maintenance _____

Instructors _____

Water Polo _____

If you are interested in coaching:

Which grade levels are you interested in coaching? _____

Childs name: _____ Grade: _____

Childs name: _____ Grade: _____

T-shirt size: _____

Volunteer coaches receive a refund for one child's registration fee; would you like to donate it back to the District?

YES NO

What special talents would you like to share with us? _____

Comments: _____

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Criminal History Verification

Volunteer Position: _____

(Type or print clearly)

Last name: _____ First name: _____ Middle initial: _____

Other names used (include maiden name): _____

Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Male: ____ Female: _____

Valid driver's license #: _____

Valid auto insurance carrier/policy number (If driving for the District): _____

Have you ever been convicted of a sex-related crime? YES NO

If yes, was the conviction in Oregon, or in another state? (Please specify other state): _____

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 in another state? (Please specify other state): _____

Have you ever been convicted of any other crime except a minor traffic violation? YES NO

Have you ever been arrested 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 to verify the responses to the preceding questions. The check will be made annually unless it is deemed necessary by the district to complete one more often.

I hereby grant to Redmond Area Park and Recreation District permission to check civil or criminal records to verify any statement made on this form. I certify that the responses to each of the questions are true. I understand that a false or incomplete response will be grounds for releasing me from employment and/or voluntary service immediately upon discovery of a discrepancy,

Regardless of whether the applicant grants consent, Redmond Area Park and Recreation District will conduct a criminal offender record check of prospective employees, independent contractors, and volunteers 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 civil rights law under specific circumstances. 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, 4th Floor, Portland, OR 97201; telephone 503- 229-6600. Acknowledge receipt of this notice.

Applicant's Signature

Parent/Guardian Signature (if applicant is a minor)

Date

Date

Note: Failure to sign shall be sufficient cause for disqualification.