

**Grants Pass School District No. 7**  
**725 N.E. Dean Drive**  
**Grants Pass, OR 97526**  
**541-474-5700**

**Volunteer Background/Information Sheet**

School \_\_\_\_\_

Name (Please Print) \_\_\_\_\_  
*(Complete name required: first, middle, last)*

List Other Names Previously Used \_\_\_\_\_

List Other States Where You Have Been A Resident \_\_\_\_\_

Current Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Previous Volunteer Work \_\_\_\_\_

Education / Special Training \_\_\_\_\_

Interests / Hobbies \_\_\_\_\_

Name of your child(ren), if applicable \_\_\_\_\_

- I understand that the right to confidentiality must be respected. I agree to keep any information confidential regarding the agencies and/or schools with whom I am assigned.
- I understand that it is very important that I am here on time on assigned days.
- I understand the following information will be used for a criminal background check:  
Date of Birth \_\_\_\_\_ Driver's License #/State \_\_\_\_\_ SSN \_\_\_\_\_
- My signature is my permission for Grants Pass School District to conduct a criminal background check.
- I understand that Grants Pass School District will pay, on my behalf, for an Oregon only background search. I will be responsible for payment for any other states needing a criminal records check.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian if a minor \_\_\_\_\_ Date \_\_\_\_\_

Background Check Completed By School Personnel \_\_\_\_\_ Date \_\_\_\_\_