

VOLUNTEER DRIVERS:

Please bring to the high school office a copy of the declaration page of your insurance policy showing that you have a minimum of \$100,000 liability coverage, the expiration date of the policy, a copy of your driver's license showing the expiration date and the attached form completed and signed. All of the above information needs to be in the office at least three (3) days prior to the date of the event. Thank you for your cooperation.

Estacada High School Office



# VOLUNTEER DRIVER FORM

## Estacada School District

List all clubs, organizations, and/or sports for which the volunteer driver is requesting to drive:		
Activity/sport	coach	dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

*This form and submittals need to be completed by any person volunteering to drive students, other than their own, to/from district-approved events.*

Name (Last, First and Middle): \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Cell #: \_\_\_\_\_

Estacada District Employee:  Yes  No Email Address: \_\_\_\_\_

Last 4 Digits of Social Security Number (for district to request Driving Record online): \_\_\_\_\_

Description of Vehicle to be used:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

**To be submitted, reviewed, and approved PRIOR to the volunteer transporting district students, please follow these steps:**

1. Complete the first **TWO** lines of information **ONLY** on the Driver's Record Request form **AND** sign and date the form.
2. Attach a Copy of Current Insurance Card (completely readable, please).
3. Attach a readable copy of your Driver's License.
4. Complete Estacada School District "Applicant Disclosure Form" forms.
5. Complete the **volunteer paperwork** (separate packet).
6. Return **completed** packets to the coach, advisor, teacher, or supervising administrator.

**Please Confirm:**

- Driver is 25 years or older
- The owner of the vehicle acknowledges that in the event of an accident, his/her insurance will provide the first layer of coverage.
- Driver understands by providing this information that the Estacada School District will complete a OSP background check and will also request a Driver Record Request form through the DMV.
- Current vehicle registration through \_\_\_\_\_ (date)
- The vehicle used to transport students meets the following safety requirements:
  - ✓ There is a working seat belt for the driver and all passengers.
  - ✓ My vehicle's brakes, including emergency brakes are in good working condition.
  - ✓ Vehicles tires have legal tread depth (3/32").
  - ✓ All lights including turn signals are in good working order.
  - ✓ Windows are clear of obstructions and all mirrors are in good working order.
  - ✓ My vehicle has no other physical or mechanical defects that would interfere with the safety of the driver and passengers.
  - ✓ My vehicle has a rated capacity of ten passengers or less.
  - ✓ Owner carries a minimum auto liability limits of \$100,000 per occurrence and \$300,000 aggregate combined single limits of liability (or \$100,000/\$300,000 Bodily Injury; \$50,000 Property Damage) and uninsured motorist coverage.

For District Use Only	_____ Complete	_____ Incomplete and/or missing files
_____ Copy of Insurance Card	_____ Copy Of Driver's License	
_____ Approved _____ Denied (Reason)		
District Administrator Signature	_____	Date _____

Estacada School District  
School Volunteer Registration Form

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

EMERGENCY INFORMATION: In case of an emergency, please notify:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Type of Volunteer:

Parent  Grandparent  Student  Community Member  Other: \_\_\_\_\_

Preferred Schools:

Clackamas River Elementary  Eagle Creek Elementary  River Mill Elementary  
 Estacada Junior High  Estacada High School

Preferred Time for Volunteering:

Daily  Weekly  Monthly  Occasionally

Preferred Day(s) of the Week :

Monday  Tuesday  Wednesday  Thursday  Friday

Time of Day Available: From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Volunteer Work Preferred:

Classroom  Library  Clerical  Special Events  Field Trips  Other

Do you have any of the following skills and/or talents that you are willing to share w/students?

Hobbies: \_\_\_\_\_

Professional: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Comments/Ideas:

\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

## CRIMINAL HISTORY VERIFICATION OF APPLICANTS

Please type or 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 of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. 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: \_\_\_\_\_

A. Have you EVER been convicted of a sex-related crime?  Yes  No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

If yes, did the crime involve force or minors?  Yes  No

B. 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? (Please specify if another state.) State: \_\_\_\_\_

C. 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 another state? (Please specify if another state.) State: \_\_\_\_\_

D. Have you EVER been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes)  Yes  No

E. 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

Advisory: A check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, volunteer, or other prospective school employees 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 federal civil rights law. 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, Suite 1070, Portland, Oregon 97232 telephone (503) 731-4075

I acknowledge reading and the receipt of this notice:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_