



Azalea Middle School
505 Pacific Avenue
Brookings, OR 97415

Parents and Community Volunteers are a vital part of the education process at our schools.

No, volunteers don't get paid a salary...but the appreciation from the staff and that special feeling we get when we know that we may be making the life of a child a little better is even more rewarding than money!

Name: _____ Phone: _____

Address: _____

Below are some areas where your support would be appreciated.

Areas of Interest:

___ Classroom Volunteer

___ Lunch Supervision

___ Field Trips

___ Office Aide

___ Chaperone, Social/Dance

___ Other _____

I can help: ___ Daily ___ Weekly ___ Monthly ___ As Needed

Share a hobby, career or special interest that you enjoy with a class.

What is your interest?



District Administration Office

629 Easy Street
Brookings, OR 97415
Tel 541 469-7443
Fax 541 469-6599
www.brookings.k12.or.us

VOLUNTEER RELEASE FORM

I have offered my services as a volunteer to help the Brookings Harbor School District in the following area(s) _____

I agree to abide by all relevant board policies and administrative guidelines while on duty for the district. I understand that although I am covered under the district's liability insurance policy, I am not covered by its health insurance policy, nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the district, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that as a volunteer, I am not in any manner considered an employee of the district or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

For protection of the children in the school, the district is required by law to inquire of its volunteers whether or not they have ever been convicted of a crime. By completing the information on the reverse side, you are releasing the Brookings Harbor School District to complete a criminal background check on you.

YOU MUST PRINT CLEARLY OR THIS RELEASE WILL BE REJECTED

Volunteer Signature

Print full name as it appears
on your drivers license

It is the policy of the Brookings Harbor School District not to discriminate on the basis of race, color, national origin, gender/sex, age, disability, height, weight or marital status in its programs, services or activities. Inquiries related to discrimination of any kind should be directed to: HR Coordinator, 629 Easy Street, OR.97415. 541-469-7443

Consent for Criminal Background Check (Volunteer Form)

Your signature below authorizes **Brookings – Harbor School District 17C** and Criminal Information Services, Inc. to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies. Providing your social security number on this form is voluntary. If you choose NOT to disclose it, this will not be a basis for denial of volunteering or any rights, services or benefits to which you are otherwise entitled. If you do provide the number CIS will use it as an additional identifier to search for any criminal record you may have. State and Federal laws protect the privacy of your records.

Please complete all information below. Please print.

Full Legal Name: _____	Male ___	Female ___
Current Address (include city and state): _____		
Mailing Address (if different from above): _____		
Other Name(s) Used: _____ (Maiden, alias', legal name change, etc.)		
DOB: _____	DL#: _____	State: _____
SSN: _____	Race: _____	Gender: _____
Circle School: Kalmiopsis Elementary, Azalea Middle School, High School		
Student(s) Name(s): _____		
Telephone Number(s): _____		
Have you ever been convicted of ANY crime? Yes ___ No ___		
If "Yes," explain: _____ _____ _____		

Applicant's signature: I have reviewed and completed this form as applicable to me. I give **Brookings – Harbor School District 17C** permission to verify any information I have provided. 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. By my signature, I affirm that all information on this form is true and accurate. I have also signed the release form on the reverse side.

Signature of Applicant: _____ Date: _____

Print/Signature of Witness: _____ Date: _____