

Portland Public Schools
Security Services
501 N. Dixon Street
Portland OR 97227
503-916-3000

CRIMINAL HISTORY VERIFICATION OF VOLUNTEERS

Please type or print clearly.

Name: _____ Date of Birth: _____ Sex: _____
Last, First Middle MM/DD/YY

List Other Names Previously Used: _____

Social Security No.: _____ Driver License/Identification Card No.: _____

Providing your social security number on this form is voluntary. Failure to disclose your social security number will not be a basis for denial. If you do provide the number, Security Services 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.

Address: _____
Full Street Address

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 Portland Public Schools Security Services to verify the responses to the preceding questions.

I hereby grant Portland Public Schools permission to check civil and/or criminal records to verify any statement made on this form.

I understand that any false statement may be sufficient to deny me from volunteering in Portland Public Schools.

The applicant is entitled to review his/her criminal history for inaccurate or incomplete information.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____ Date: _____

\$5.00 fee to process this form with PPS. If this payment is a hardship the Sabin School PTA will gladly provide payment. Please make checks out to: Sabin School