

Wallowa School District #12
Criminal History Verification of Volunteer Applicants

Please Print Clearly

NAME _____ Date of Birth _____ Sex _____
Last First Middle MM / DD / YY

Other Names Previously Used (includes Maiden Name) _____

Social Security Number: _____ Driver's License/Identification Card No: _____ / State _____

Mailing Address: _____

Full Street Address

City

State

Zip

1. 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.) _____

If yes, did the crime involve force or minors? YES NO

2. 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.) _____

3. 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.) _____

Please specify date(s) of convictions. _____

4. Have you **EVER** been convicted of any other crime except a minor traffic violation? (includes Traffic Crimes) YES NO

5. 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

I hereby grant Wallowa School District permission to check civil or criminal records to verify any statement made on this form.

APPLICANT'S SIGNATURE _____ DATE _____