PORTLAND PARKS & RECREATION
Healthy Parks, Healthy Portland

Criminal Records Check Consent Form for Volunteers

YOUTH VOLLEYBALL PROGRAM

Coach Name _____ Check One: Head Coach ❑ Asst. Coach ❑

School_____ Team Name_____

Gender: Boys ❑ Girls ❑ Coed ❑ Grade: 4th ❑ 5th ❑ 6th ❑ 7th ❑ 8th ❑ HS ❑

In order to serve the best interest of the citizens of Portland, Portland Parks conducts a criminal background check on all new volunteers.

If you have been convicted of an offense other than a minor traffic violation or juvenile offenses, please provide details on a separate sheet of paper. Indicate the date, charges, disposition, and the state and county in which the offense occurred.

Conviction history will not automatically disqualify you from volunteer status, but factors such as the nature and gravity of the crime, the length of time that has passed since the conviction, the completion of any sentence and the nature of the job for which you have applied, will be considered. By your signature you authorize Portland Parks to obtain information about you.

Falsification of information on this form will disqualify you from volunteer status.

PLEASE PRINT THE FOLLOWING INFORMATION IN INK.

_____ _____
Full Name (Last, First, Middle - ***Please Print***) Other Names Used ***(Please Print)***

_____ _____ _____
Date of Birth Driver's License #/State Home #

_____ _____ _____
Cell # Address City, State, Zip Code

Have you ever been arrested or charged with any crime? Yes ❑ No ❑
Please list **ALL** arrests, convictions or dismissals of charges made against you (use additional sheets, if necessary). List all such matters even if not formally charged or no court appearance was necessary.

NAME (at time of charge)	**CHARGE**	**DATE** (approx)	**CITY/STATE**

I have made no willful misrepresentations, omissions, or falsifications of any of the preceding answers. I am aware that should investigation disclose such misrepresentations, falsifications, or omissions in the information I have submitted in the application process, my application will be rejected. If, after acceptance for volunteer status subsequent investigation should disclose misrepresentation, falsification, or omission, it will be just cause for immediate dismissal.

Signature _____ Date _____

FOR OFFICE USE ONLY

CIS Check Date:_____ By:_____ ❑ File Opened Arrest record found Yes ❑ No ❑

❑ **Approved** for hire ❑ **Disapproved** - Reason: _____

Insurance Information for Volunteers

Youth Volleyball Program

Thank you for volunteering your time and energy with Portland Parks and Recreation. We are happy to have you with us and hope the time you spend will be rewarding to you.

We have an excellent safety record for our volunteer program. We don't anticipate that you'll be involved in an accident, but it is important that you understand the extent to which our volunteer program is covered by the City of Portland insurance. We want you to be aware of any potential risks involved with the tasks you have selected and use good judgment in performing those tasks.

As a volunteer, you are NOT covered by the City of Portland's Workers Compensation Program. You are urged to have your own health insurance in the event you are injured while performing your volunteer duties.

You ARE covered by the City's General Liability Fund. This will protect you in the event of property damage or accidental injury to the public as a result of your volunteer duties assigned by Portland Parks and Recreation.

If you drive a motor vehicle as part of your volunteer duties, you must have a valid Oregon Driver's License. If you drive a City vehicle, you'll be covered for property damage or bodily injury to others resulting from a vehicle accident. You should have your own health insurance to cover yourself. If you wish to drive your own vehicle to perform your volunteer duties, the above coverage applies, however, the City will not be responsible for any damage to your vehicle, so you must carry your own auto insurance for this purpose.

PLEASE PRINT CLEARLY

School Team & Name _____ Grade _____ Boys/Girls _____

I HAVE READ AND UNDERSTAND THIS INFORMATION ON VOLUNTEERS AND INSURANCE.

Name (**Please print clearly**) _____ Signature _____

Address _____ Driver's License #/State _____

City _____ State _____ Zip _____ Birth Date _____

NAME:			
SSN:		DATE:	
How long have you lived in Oregon?			
CITY	STATE	COUNTY (if known)	DATES