

# Morrow County School District

Serving the Families of Boardman, Heppner, and Irrigon in Northeastern Oregon

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Superintendent

Cheryl Costello  
Human Resources

Erin Stocker  
Human Resources

Andy Fletcher  
Business Manager

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Morrow County School District requires that **ALL volunteers must annually complete a Volunteer Assistant Program Application which includes a Criminal History Verification** and complete all required course work associated with the type of volunteer program. Once your application is turned in to the office, you will be set-up in SafeSchools and assigned the required training(s) through e-mail. Once course trainings are complete, provide a copy of certificates to the school.

## **VOLUNTEER ASSISTANT REQUIRED TRAININGS**

### **Volunteer Coach**

- » Certification through NFHS Coaches Education program (one time requirement) - [NFHS Fundamentals of Coaching Course](#)
- » Online Concussion Management Class (required annually) - [NFHS Concussion Management Course](#)
- » NFHS Guide to Heat Acclimatization and Heat Illness Prevention Course (required every other year)
- » Online Steroid Training and Assessment Class (required once every four years) - [ODE Steroid Training and Assessment](#)
- » First Aid/CPR Certification (recommended)



Visit [www.osaa.org](http://www.osaa.org) > OSAA for Coaches for a list of all available NFHS courses. Get complete course information and find out how to take the courses, including several that are free.

**Additionally** – Volunteer coaches must complete all trainings listed below. **MCS D will follow OSAA guidelines regarding volunteer coaches. A volunteer coach will be allowed to attend 3 practices/events without having completed required course work/trainings. By the 4th practice/event, all trainings must be complete and a certificate of completion on file with the district before you can be at practice, on the sideline or on the bench for any athletic events.**

- \*Boundary Invasion
- \*Sports Supervision & Safety
- \*Bullying: Recognition & Response
- Risk Management Training – This training will be scheduled by the district at a later date.

### **Volunteer: Classroom, Field Trip or Extracurricular**

All training(s) listed below must be complete and a certificate of completion on file with the district ***prior to volunteering in any capacity for all Morrow County School District Schools.***

- \*Bullying: Recognition & Response

\*These trainings are on SafeSchools.com and will be assigned to you through your e-mail.

If you have any questions regarding these requirements, please contact Erin Stocker or Cheryl Costello.

Morrow County School District does not discriminate on the basis of race, religion, color, national origin, sexual orientation, disability, marital status, age, gender, veteran status, or genetic profiling in providing employment, education or access to education services, activities and programs in accordance with Title II, Title VI, Title IX and other civil rights and discrimination issues; Section 504 of the Rehabilitation Act of 1973 as amended; and the Americans with Disabilities Act of 1990



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## VOLUNTEER ASSISTANT PROGRAM APPLICATION

STUDENT NAME: \_\_\_\_\_

TEACHER: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

(Full name: First, Middle, Last)

E-MAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SCHOOL VOLUNTEERING AT: \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

Circle type of volunteer position(s) you are applying for: Coach \_\_\_\_\_ Classroom \_\_\_\_\_ Field Trip \_\_\_\_\_ Club \_\_\_\_\_ Playground \_\_\_\_\_

Circle the highest grade or year completed in school: 9 10 11 12 \_\_\_\_\_ Diploma \_\_\_\_\_ GED \_\_\_\_\_

Schools attended after High School:

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

Please explain any special training, experiences, interest or skills that would help you in this position:

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

Most Previous Work Experience:

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Please list people qualified to recommend you for work in the school:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administrative Approval: \_\_\_\_\_ Date: \_\_\_\_\_

### **CRIMINAL HISTORY VERIFICATION ON THE BACK MUST BE COMPLETED**

*Morrow County Schools, in partnership with families and communities, provide each student the opportunity to develop values, knowledge, skills and self-confidence to become life-long learners and responsible citizens*

Morrow County School District does not discriminate on the basis of race, religion, color, national origin, sexual orientation, disability, marital status, age, gender, veteran status, or genetic profiling in providing employment, education or access to education services, activities and programs in accordance with Title II, Title VI, Title IX and other civil rights and discrimination issues; Section 504 of the Rehabilitation Act of 1973 as amended; and the Americans with Disabilities Act of 1990



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# CRIMINAL HISTORY VERIFICATION OF APPLICANTS

**THIS FORM MUST BE ENCLOSED WITH THE 581-2281-N SCHOOL/DISTRICT COVER FORM AND A CHECK FOR \$5.00 PER APPLICANT.  
ALL DOCUMENTS MUST BE MAILED TOGETHER TO THE DEPARTMENT OF EDUCATION.**

**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: \_\_\_\_\_