



# ALSEA SCHOOL DISTRICT 7J

Krista Nieraeth, Superintendent

PO Box B \* Alsea, Oregon 97324 \* 541-487-4305 \* Fax 541-487-4089

[www.alsea.k12.or.us](http://www.alsea.k12.or.us)

## **Volunteer Application Packet**

Dear School Volunteer:

Thank you for wanting to volunteer in the Alsea School District. We strongly encourage all of our community members to get involved in the educational process of our district to help us provide a more well – rounded education for our students.

In this volunteer packet, you will find the expectations for being a volunteer in our district. Please note that it is expected that all volunteers always adhere to these expectations to help us follow laws and policies for the protection of our staff and students. Please be sure to read the expectations and keep a copy for your records.

Our district also requires an annual background check for all volunteers. Background checks are conducted to ensure a safe, healthy learning environment for every student.

Please be sure to fill out both the volunteer application, as well as the consent to a background check. If you have any questions about background checks, please feel free to reach out to Lora Nickle, Executive Secretary, at [lora.nickle@alsea.k12.or.us](mailto:lora.nickle@alsea.k12.or.us).

**Volunteer applications and background checks must be completed each school year.**

If you have any questions, please call the District Office at (541) 487 – 4305. We appreciate your understanding and cooperation in this important matter.

Sincerely,

Krista Nieraeth  
Superintendent

**\*updated 7/30/23**



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## **Volunteer Expectations**

**Dependability:** Children and staff look forward to the volunteer's commitment to report at an expected time.

**Professionalism:** The volunteer is a role model for children in dress, manner, and behavior.

**Confidentiality:** The volunteer must respect the confidentiality of sensitive information. If there are issues regarding students in the classroom or on field trips, it is expected that the volunteer communicates those issues with school staff and not discuss these issues outside the school environment. Discussing students and confidential information is a violation of the Family Educational Rights and Privacy Act (FERPA), a federal law that protects student privacy. Here are some example of information under FERPA that is protected:

- Health
- Behavior
- Discipline
- Academic Performance
- Family/Living Situation

**Electronic Communications / Social Media:** We also ask that our volunteers do not post any pictures on personal social media pages OR send any personal text messages that involve any students or student activities while volunteering for the school district.

**Communication:** The volunteer's success depends on effective communication. Asking questions and following directions are key components.



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**Level of Involvement:** Paid staff are, by law, legally responsible for the overall management and operation of the school and its programs. Volunteers are expected to follow all teacher and staff directions. The school environment is constantly changing. For our volunteers, this requires an attitude of mutual respect, flexibility, and a willingness to work together.

**Our volunteers are a vital part of our school district providing an all – around education for our students. We do expect that our volunteers will follow the expectations, especially when it comes to professionalism, confidentiality, and sending/posting student pictures with personal electronic devices or on personal social media pages. Failure to follow the expectations may result in the volunteer’s ability to participate in school activities being revoked.**

**\*Our district does not allow volunteers to supervise students in the lunchroom or on the playground.\***



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## Directions for Completing Volunteer Forms

1. Fill out the "Volunteer Application" form and the "Consent for Background Check" form. It is important that you complete each question, including the driver's license number, and sign the forms. Incomplete applications will not be processed.
2. Return both the **Volunteer Application** and the **Consent for Criminal Background Check** to Alsea School District Executive Secretary, Lora Nickle.
3. You will not be allowed to volunteer until the district receives an okay after the background check is completed.
4. Once the background check is completed, the district office will contact you. If there is a concern with the results reported from the background check, you will be contacted by the District Office. If you have any questions, please contact Lora Nickle at (541) 487 – 4305 or [lora.nickle@alsea.k12.or.us](mailto:lora.nickle@alsea.k12.or.us)



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## Volunteer Application 2023 – 2024 SY

***Please print legibly:***

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

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Last Name

First Name

M.I.

Telephone Number

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Address

City

State

Zip Code

### Emergency Contact Information:

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Name

Relationship

Address

Telephone Number(s)

### Days and times available

Monday:     \_\_\_ am \_\_\_ pm

Tuesday:    \_\_\_ am \_\_\_ pm

Wednesday:  \_\_\_ am \_\_\_ pm

Thursday:    \_\_\_ am \_\_\_ pm

Friday:       \_\_\_ am \_\_\_ pm

**Is there a particular classroom or area in which you would like to volunteer in?**

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**Volunteer/Relevant Experience: *(you may attach additional info if needed)***

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**I have read and understand the volunteer expectations. I understand that failure to abide by these expectations may result in my no longer being able to volunteer for the remainder of the school year:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes Alsea School District, Criminal Information Services, Inc., and/or the Oregon Department of Education (ODE) to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

Please complete all the information below. Please print legibly.

Full Legal Name: \_\_\_\_\_ Sex (circle): M F X

Current Address: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

(Maiden Name, Alias, Legal Name Change, etc.)

DOB: \_\_\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_

SSN: \_\_\_\_\_

Previous Addresses in the past 7 years: \_\_\_\_\_

Have you ever been convicted of any crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," please explain: \_\_\_\_\_

**Applicant's signature:** I have reviewed and completed this form as applicable to me. I give Alsea School District permission to verify any information I have provided. This authorization shall continue to be effective from August 14, 2023 through August 31, 2024 unless revoked by me in writing. 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.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_