

Background Check Request Instructions for Subject Individual (SI)

Read all of the instructions before completing the form.

As the subject of this background check, you are referred to in these instructions as the subject individual (SI). The qualified entity (QE) listed in box 1 may be your employer or local branch. The authorized designee (AD) or contact person (CP) has received training from the Department of Human Services Background Check Unit (BCU) for background checks.

Section 2 – You, the SI, completes this section.

10. Type or print your complete name.
11. The disclosure of your Social Security Number (SSN) is optional. The BCU requests the SSN or INS number solely for the purpose of positively identifying you during the background check process. If you do not provide a SSN, the BCU may request fingerprints to confirm identity.
12. Enter your date of birth (mm/dd/yyyy).
13. Enter your email address. The BCU will use your email for any correspondence regarding our background check unless you indicate to use your mailing address (see #17).
14. Check the box for your gender.
15. Enter your driver license or state ID, listing the state and the number.
16. Type or print all aliases or other names you have ever used.
17. Check this box only if you prefer to have correspondence from BCU sent to your mailing address rather than email.
18. Type or print your residence address. If you have a mailing address that is different from your residence, type or print it.
19. Type or print the phone numbers where you can be reached.
20. If you have lived outside of Oregon in the past 5 years for more than 60 days in a row, check the “yes” box and provide details of your previous residences. If you have lived in Oregon for the entire past 5 years, check the “no” box and go to #21.
21. Provide information on your criminal history. If you have never been arrested, charged, or convicted, check the “no” box and go to #22.

Disclose all criminal history — You must accurately and completely disclose all history (*adult and juvenile*) regardless of how long ago it happened. This includes all felonies, misdemeanors, probation violations and failures to appear. If you fail to list any part of your history, your application may be closed or you may be denied due to false statement. Any serious traffic offense such as reckless driving, driving under the influence of intoxicants (DUII) and driving while suspended (DWS), must be listed. Failure to appear, even for a minor traffic violation, must be listed. If you are not sure if something should be listed, you should list it. For each charge, arrest or conviction, include the exact date (*mm/dd/yyyy*), location and the outcome.

If you do not have proof the charge, arrest, conviction or adjudication has been expunged or set aside then list it.

Violations. Minor moving and non-moving traffic violations are not required to be listed.

If you have criminal history, BCU will weigh several factors to decide if you are fit for the position for which you are applying. Respond to the following questions. Attach documentation to support your responses.

- What happened leading up to the charge, arrest, conviction or other history?
- List any requirements resulting from each charge, arrest or conviction.
- Describe any treatment, education and training specifically related to your history.
- How is your history relevant to your position?
- Explain how you no longer pose a risk to the physical, emotional or financial well-being of vulnerable people.
- How has your life changed since your history?
- List other information you believe would be helpful in making a decision in this case.

22. Sign and date the form. Return it to the person listed in #2.

Possible outcome of your background check:

- **Approved:** Your background check is approved for the position listed on this form. An approval does not guarantee employment or placement.
- **Approved with restrictions:** Your background check is approved to work but are restricted to a specific client, a specific work site or a set of duties. This decision may be appealed. A restricted approval does not guarantee employment or placement.
- **Denial:** Based on the background check, you are denied. You may not hold the position listed on this form and you must be terminated immediately. This decision may be appealed, but you may not hold the position during the appeal.
- **Case closed:** If you do not provide a complete and accurate disclosure of your criminal history or you do not cooperate with this background check process, your application may be closed without a final decision. There are **no** appeal rights, but you may be able to reapply immediately. If closed, the department will provide you with further information.
- **Ineligible:** Due to ORS (Oregon Revised Statute), 443.004, prohibits individuals from working in certain positions if they have one or more specific convictions. If found ineligible, you may not hold the position listed on this form and must be terminated immediately. You do not have hearing rights. The BCU will provide more information in the email or letter sent to you.

Abuse checks — BCU will also conduct an abuse check on you. Potentially disqualifying abuse includes the following:

- **For ALL subject individuals:** Adult protective services history of physical or sexual abuse or financial exploitation assessed on or after January 1, 2010 for which you were found to be responsible. Abuse information is provided to BCU by the Office of Abuse Prevention and Investigations and the Aging and People with Disabilities (APD) based on severity.
- **For subject individuals associated with private licensed childcaring agencies, child foster homes or child adoptive homes.** Child protective services history held by the Department, regardless of the date of assessment or outcome, for which you were found to be responsible, and include founded or substantiated child protective services reports from states where you lived in the past 5 years.

If potentially disqualifying abuse is found, you will be contacted and asked to provide additional information. Due to its sensitive nature, the information you provide will not be disclosed to your potential employer or QED.

Authority — BCU is authorized by state law, to complete background checks on SIs who work, volunteer or live with individuals who are vulnerable to abuse or mistreatment (ORS 181.534, 181.537, 409.027 and 443.004; OAR 407-007-0200 to 407-007-0370, OAR 943-007-000 to 943-007-0501). Vulnerable individuals include children, senior citizens and individuals with physical disabilities, developmental disabilities or mental illness. A check may be required even if you, the SI, do not have direct contact with vulnerable individuals.

Sources checked — BCU may check information from the Driver and Motor Vehicle Services Division, Department of Corrections, Oregon State Police, Federal Bureau of Investigation and local, state and federal courts. BCU may use information from other criminal justice, corrections and law-enforcement agencies and other state and local government agencies. You may be requested to provide fingerprints for a national criminal records check.

Challenging criminal information — If you want to obtain a copy of your record, or challenge information in the record, you must contact the Oregon State Police, 503-378-3070, extension 330 (*for Oregon criminal records*) or the Federal Bureau of Investigation, 304-625-3878 (*for national criminal records*). You may request a copy of the national FBI report from BCU. Depending on your previous contacts with law enforcement and courts, you may need to contact several sources to find your complete criminal records.

Rechecks — This background check process may be repeated at any time while you work, reside or otherwise continue in this position.

If you have questions or need this form in large print or in a different format, contact the qualified entity listed in section 1, box 1.

Keep these instructions for your records.



SHARED SERVICES
Background Check Unit



BACKGROUND CHECK REQUEST (301QED)

This form is to be used to assist in gathering information to be entered into the CRIMS system.

Section 1 – To be completed by a QED (continued)

8. Type(s) of documents checked to verify identity (<i>check all that apply</i>):		
Driver's license or state ID	Social Security card	Passport
Other: _____		
Initials of person checking ID: _____		
9: Worksite locations/address for this position (<i>enter all if multiple</i>):		
Milwaukie Center		
5440 S.E. Kellogg Creek Drive		
Milwaukie, OR 97222		

Section 2 — To be completed by the SI

10. Individual name: (Last/First/Middle)					
11. Social Security number (<i>optional</i>):		12. Date of birth (<i>mm/dd/yyyy</i>):			
13. Email address:		14. Gender: Female Male			
15. Driver's license ID: State: _____ Number: _____					
16. Aliases/other names used:					
17. Check only if you prefer correspondence be sent to your residential or mailing address (<i>rather than an email address</i>).					
18. Residence street address:					
City:	State	ZIP code:			
Mailing address:		Same as residence			
City:	State	ZIP code:			
19. Home phone:	Mobile phone:				
20. During the last five (5) years, have you been outside of Oregon for 60 days in a row or more? Yes No If yes, complete the following for each residence in the past 5 years:					
Date (<i>mm/dd/yy</i>)		City:	State:	Country:	Name(s) used at this residence:
Start:	End:				

Section 2 — To be completed by the SI (*continued*)

21. Have you ever been charged, arrested and/or convicted of a crime? Yes No					
If you answered yes, list all charges, arrests and/or convictions (<i>adult and juvenile</i>) and the outcome, regardless of how long ago. Attach additional pages as needed.					
Date (<i>mm/dd/yyyy</i>):	Charge, arrest or conviction:	Outcome (<i>e.g., conviction</i>)	City:	County:	State:

		<i>dismissal):</i>			

For each arrest, charge or conviction you list, attach extra pages and provide as much information as possible regarding the incident.

If you have potentially disqualifying convictions or conditions, the BCU must consider several factors to determine the risk of vulnerable individuals and your fitness to hold the position. Please provide any information about the details of your criminal history, yourself, your training, education, work history, treatment and circumstances since your criminal history that you want the BCU to weigh. Add additional pages as needed.

I understand that a criminal records check, which may include a national criminal records check requiring fingerprints, will be completed on me. I understand that an abuse check will be completed on me. The BCU may share information with a designee at the facility associated with this request. My submission of this electronic signature authorizes the BCU to request and receive any juvenile, police, court, or investigation reports needed to complete this background check. In the event potentially disqualifying abuse is discovered, I will be notified at the address or email I have given and asked to provide additional information.

I authorize, the BCU to process, this background check request. I understand the background check may be repeated during the time I hold this position.

22. SI signature: _____ Date: _____

Milwaukie Center

VOLUNTEER APPLICATION

5440 SE Kellogg Creek Dr., Milwaukie, OR 97222

Phone 503-653-8100 FAX 503-794-8016

www.milwaukiecenter.com

division of North Clackamas Parks & Recreation District



NORTH CLACKAMAS
PARKS & RECREATION DISTRICT
 MILWAUKIE CENTER

PLEASE PRINT CLEARLY

Name: _____	Date: _____
Address: _____	City: _____ Zip: _____

Telephone: Home _____ Work _____ Cell _____

Email: _____ Birth Date: ____/____/____ Sex: ____M ____F
Mo. Day Year

Would you like to receive an electronic copy of the Centerpoint Newsletter? _____

When are you available to volunteer?

Number of hours per week: _____ Preferred days and time: _____ Days not available: _____

Volunteer time commitment: ____3 Months ____6 Months ____1 Year ____Indefinitely

How did you hear about us? _____

Present/previous volunteer experience _____

Present/previous work history _____

May we contact them? _____

Do you have any health/physical restrictions? _____

Are you under the age of 18? _____

Have you ever been convicted of a felony? If yes, explain _____

For office use only:

Date received _____ Date of background check _____ Returned _____

Date of orientation _____ Volunteer Placement Date _____ Location _____

AREAS OF INTEREST

<u>CLERICAL AND BUSINESS</u> <input type="checkbox"/> Receptionist <input type="checkbox"/> Clerical/Phone/Filing <input type="checkbox"/> Computer/Data entry <input type="checkbox"/> Tax Preparation - seasonal <input type="checkbox"/> Legal/Financial <input type="checkbox"/> Newsletter Courier	<u>ADMINISTRATION</u> <input type="checkbox"/> Committee member <input type="checkbox"/> Board member <input type="checkbox"/> Public speaking <input type="checkbox"/> Fund-raising <input type="checkbox"/> Business contacts	<u>SPECIAL INTEREST OR SKILLS</u> <input type="checkbox"/> Arts and crafts <input type="checkbox"/> Graphic arts <input type="checkbox"/> Music vocal/Instrument <input type="checkbox"/> Bulletin Board Designer <input type="checkbox"/> Quilt Show Volunteers – March <input type="checkbox"/> Librarian <input type="checkbox"/> Bottle Recycler
<u>RECREATION</u> <input type="checkbox"/> Travel Desk Assistant <input type="checkbox"/> Special Interest Group Leader <input type="checkbox"/> Photography <input type="checkbox"/> Recreation Assistant <input type="checkbox"/> Walk Leader	<u>HEALTH AND MEDICAL</u> <input type="checkbox"/> Support group facilitator <input type="checkbox"/> Respite program aides <input type="checkbox"/> Clinic hosts/hostesses <input type="checkbox"/> RN (current license) <input type="checkbox"/> LPN (current license)	
<u>FRIENDS OF THE MILWAUKIE CENTER</u> <input type="checkbox"/> Special Events <input type="checkbox"/> Bingo – Thurs 5:30 pm – 9:30 pm <input type="checkbox"/> Board Members <input type="checkbox"/> Quilters – Thurs 9 – 11:30 am <input type="checkbox"/> Rose Guardians <input type="checkbox"/> Gift Shop Sales <input type="checkbox"/> Data Entry <input type="checkbox"/> Greeting Card Writer	<u>MAINTENANCE</u> <input type="checkbox"/> General Help <input type="checkbox"/> Wood Cutting <input type="checkbox"/> Wood Stacking <input type="checkbox"/> Wood Delivery <input type="checkbox"/> Bus Washer <input type="checkbox"/> Painter <input type="checkbox"/> Pressure Washing	<u>NUTRITION & TRANSPORTATION</u> <input type="checkbox"/> Food server 10 am– 1 pm <input type="checkbox"/> Pete’s Café 8:30 am – 1pm <input type="checkbox"/> Meals on Wheels driver <input type="checkbox"/> Food Packer AM 8 – 11:30 am <input type="checkbox"/> Food Packer PM 1 – 2:30 pm <input type="checkbox"/> Bread Sales 9:30 am – 12:30 pm <input type="checkbox"/> Dining Room Front Desk <input type="checkbox"/> Money Counter 12:45 – 1:30 pm <input type="checkbox"/> Grocery Shopping Assistant <input type="checkbox"/> Prep Cook

All information on this application is true to the best of my knowledge. I understand that if I use my personal automobile to and from my volunteer assignment that I will agree to keep in effect automobile liability insurance equal to or greater than the minimum required by the state of Oregon. I understand that all information used in my volunteer role is confidential and I will respect that confidentiality. I release, indemnify and hold harmless the Milwaukie Center and North Clackamas Parks and Recreation District, its officers, agents and employees from any and all claims, actions and demands that may arise from my actions as a volunteer.

Signed: _____ Date: _____

If applicant is a minor, parent or guardian must sign and agree to the above statement and sign below.

Signed: _____ Date: _____

RETURN THIS APPLICATION TO:

**Milwaukie Center
5440 SE Kellogg Creek Dr.
Milwaukie, OR 97222**



ADULT CONSENT

Milwaukie Center

Division of North Clackamas Parks and Recreation District

PARTICIPATION AND RELEASE FORM

I, _____, execute this release on my own behalf, and I am a competent adult. In consideration of being allowed to participate in volunteer activities at the Milwaukie Center. I hereby release the Milwaukie Center and Clackamas County/NCPRD from any and all claims for damages, injuries or sickness, which may result either directly or indirectly from those activities. I am aware that potentially dangerous conditions exist, including but not limited to slippery pavement, fallen debris, hot food and other materials. I have satisfied myself that the risk of harm from participating in these activities is acceptable. I have also satisfied myself that I am physically able to undertake and complete this activity. I understand and acknowledge that the Milwaukie Center and Clackamas County/ NCPRD is not responsible for any injuries, damages or sickness that may result from my participation in these activities, and I understand that I would not be allowed to participate in the activities if I did not execute this consent and release.

Name: _____

Street Address: _____

Zip Code: _____ E-mail: _____

Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Relationship: _____ dated this _____ day of _____, 20____.

Signature: _____

SPECIAL CIRCUMSTANCES

(If applicable)

Use of power tools: _____

Type of Tool

Owner

Safety Knowledge