

PORT ORFORD-LANGLOIS SCHOOL DISTRICT 2CJ

Aaron Miller, Superintendent

District Office
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Sixes, OR 97476
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Port Orford/Langlois School District 2J

Volunteer Application Packet

Dear School Volunteer:

Since school volunteers are an essential part of our educational team, we strongly hope you will grant us permission to conduct a background check. The only reason we are conducting these checks is to assure a safe, healthy learning environment for every student. This is a critical part of our mission as a Public School District.

Volunteer applications must be completed each school year as per our district policy.

If you have any questions, please call the District Office at (541) 348 - 2455. Ask to speak to someone about background checks for volunteers. You will be able to speak confidentially with a staff member who understands the process. We appreciate your understanding and cooperation in this important matter.

Sincerely,

Aaron Miller
Superintendent

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.

Children and their families should not be discussed outside the program or school environment.

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. We also ask that our volunteers do not post any pictures on personal social media pages 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.

Our volunteers are a vital part of our school district providing an all – around education for our students. We do expect that our volunteers follow the expectations, especially when it comes to professionalism and confidentiality. Failure to follow the expectations may result in the volunteer's ability to participate in school activities being revoked.

Visitors in the building may be stopped at any time due to restrictions from COVID. It is expected that if a visitor has symptoms of any illness that they will not visit any of our buildings until the symptoms have subsided. We reserve the right to deny entry if we see any symptoms of illness.

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

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 to sign the forms. Incomplete applications will not be processed. If you would like to volunteer in more than one school please mark the school names on your application; you only need one application.
2. Return these to the secretary of the school where you would like to volunteer. All information is kept confidential.
3. You will not be allowed to volunteer until the school 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 Stephanie Smith at 541-348-2455 or stephanie.smith@2cj.k12.or.us.



Volunteer Application 2024-2025

Please print legibly:

Date: _____

Last Name First Name M.I. Telephone Number

Address City State Zip Code

Emergency Contact Information:

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

School you prefer working in: Driftwood ___ Pacific High School ___

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

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

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

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: _____

CONSENT FOR CRIMINAL BACKGROUND CHECK

Your signature below authorizes Port Orford - Langlois School District 2CJ, 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 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 Port Orford - Langlois School District 2CJ permission to verify any information I have provided. This authorization shall continue to be effective from September 1st through August 31st of the school year in which this form is completed 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: _____