



Physical: 2500 W. 18th Avenue, Eugene, OR 97402

Mailing: PO Box 5531, Eugene, OR, 97405

Contact: 541-686-8655 or office@wcschool.org

www.willamettechristianschool.com

New Volunteer Information K-8

There are many areas in our school where volunteer assistance is needed. If you are able to help, we encourage you to contact your child's teacher or the school office for information on how to become involved.

At WCS the safety of our students is our highest priority. In order to ensure student safety, we require all who work with children at Willamette Christian School to:

- Complete the volunteer application form.
- Bring in \$5.00 to the office to complete the background check.

If you would like to be a driver for field trips:

1. We request your 3 year non-employee driving record from the Department of Motor Vehicles. Please have them fax it to us @ 541-686-8747. You may apply for this in person at the DMV (or go through the drive-thru). The DMV charges a fee of \$1.50. Please bring your receipt to the school office so that it can be tracked if the fax is not received.
2. Read, sign and return the transportation policy form.
3. Bring a copy of your current auto insurance card to the school office.

Once these documents have been completed and returned to the school, the application will be reviewed and references will be verified. When completed, and if all is in order, you as a volunteer will be able to assist where needed in the school.

With sincere thanks,

WCS Office

Willamette Christian School

VOLUNTEER APPLICATION

Confidential

Please Type or Print Clearly

This application is to be completed by all applicants for any position (volunteer or compensated) involving the supervision or custody of minors. This is not an employment application form. Persons seeking a position in the church or school as a paid employee will be required to complete an employment application in addition to this screening form. This form is being used to help the church/school provide a safe and secure environment for those children and youth who participate in its programs and use the facilities.

PERSONAL

Date _____ Home Phone _____ Cell Phone _____

Name _____
Last First Middle

Present Address _____

City _____ State _____ Zip Code _____

Are you related to a student or staff member at WCS? | Yes | No

If yes, please list name and grade or position _____

If no, please explain why you would like to volunteer at the school _____

Have you ever been convicted of or pleaded guilty to a crime? | Yes | No

(If yes, please explain - attach a separate page if necessary):

Were you a victim of abuse or molestation while a minor? | Yes | No

If you prefer, you may refuse to answer this question, or you may discuss your answers in confidence. Answering yes or leaving the question unanswered will not automatically disqualify an application for children or youth work.

Do you have a current driver's license? | Yes | No

Name on License _____ Driver's License # _____
State Issued _____ Birthdate _____

Do you have personal health and accident insurance? | Yes | No

CHURCH HISTORY AND PRIOR YOUTH WORK

On the back of this sheet, list the name and address of the church(es) you have attended regularly during the past five years:

Are you a member? | Yes | No

List all previous church work involving children/youth (list each church's name, location, type of work performed and dates):

List all previous non-church work involving children/youth (list each organization's name, address, type of work performed and dates):

List any gifts, callings, training, education, or other factors that have prepared you for children or youth work:

Personal References (not former employers or relatives)

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Phone _____	Phone _____	Phone _____

APPLICANT STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by Willamette Christian School, I hereby release any individual, church, record custodians, both collectively and individually, from any and all liability for damages of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the bylaws and policies of Willamette Christian School and to refrain from unscriptural conduct in the performance of my services on behalf of the school.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ Date _____

Transportation Policy

It is the policy of WCS (hereafter referred to as the school) to always be in compliance with all Oregon vehicle codes with regards to the transportation of children. To ensure that we meet these requirements the following procedures shall be followed:

1. **Every passenger** who rides in **any** vehicle during a school sponsored event must wear a seat belt.
2. Doors shall be locked during all trips. Children will be instructed not to play with door handles and locks.
3. There should never be any sharp or heavy objects loose in the vehicle during transportation of children.
4. No vehicle will carry more passengers than it has seat belts. There will be only one person for each seat belt. In the case of an emergency, three children can be protected with two seat belts in a back seat by having the child in the middle share a belt with both children on each side. (NOTE: Research shows that 3 children sharing 2 belts in the prescribed way are safer than 2 children in one belt.)
5. Children will not be allowed to place any part of their body outside a window.
6. Oregon State Law requires child passengers to be restrained in approved child safety seats until they weigh 40 pounds. Children over 40 pounds must use booster seats until they have reached a height of 4'9" or the age of 8.

I have read and understand the transportation policy of the school. I agree to comply with all procedures regarding the transportation of children in my personal vehicle. I have a valid driver's license and to the best of my knowledge will be using a vehicle that is in good repair with factory-installed safety belts.

Print Name

Total # of seat belts

Signature

Date

Transportation Policy Continued:

Buses and other WCS vehicles are for official school business only. These vehicles are not available for personal or group use outside of WCS sponsored activities. Below is a statement volunteers must read and sign to verify their understanding and responsibility in driving their own vehicles for school functions.

WCS (hereafter referred to as the school), accepts the responsibility to notify you of the liability involved in driving your own private vehicle for a school sponsored activity. It is important to understand that the school provides liability coverage for individual students and employees only. This coverage is called secondary insurance coverage and pertains to student activities that are sponsored by the school, along with worker's compensation insurance for employees. Please understand that this coverage does not provide insurance protection for you or non-school persons; or coverage for your private vehicle. It is the responsibility of the volunteer to provide their own vehicle insurance, medical liability and comprehensive liability. Please read the paragraph below:

I have read and understand the above. Yes, I have insurance on my vehicle and on myself:

- Oregon State minimum requirements: \$25,000 Liability; \$50,000 per occurrence

I understand my total liability. I understand that I could be the subject of litigation in case of an accident by passengers or passengers' families riding in my vehicle. I also understand that the school does not provide liability insurance for me or any non-WCS persons or my vehicle.

Attach a copy of your vehicle insurance card.

Insurance Carrier's Name _____ Phone Number _____
Policy Number _____
Volunteer's Signature _____ Date _____



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

ORDER YOUR OWN RECORD

You can order your own record, by mail, from the DMV Headquarters. Records are mailed to you at your address shown on your DMV computer record unless you indicate otherwise. If you want records faxed or mailed to an address other than your address on the DMV's record, you must include enough information in your request for DMV to verify your identity, such as: date of birth, place of birth, address of record, mother maiden name, etc. If you are requesting a record that contains another person's personal information as well as your own (such as a title history or odometer history), your personal information will appear on the record(s) but the other person's will not.

INSTRUCTIONS: Fill out the name and address fields completely. You must include enough vehicle and/or driver information for DMV to locate the record.

NAME OF INDIVIDUAL

ODL / ID / CUSTOMER #	DATE OF BIRTH (MM / DD / YYYY)	MOTHER'S MAIDEN NAME	PLACE OF BIRTH
PLATE NUMBER	VIN (VEHICLE IDENTIFICATION NUMBER)		
ADDRESS	CITY	STATE	ZIP CODE
ADDRESS TO MAIL TO (IF DIFFERENT)	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDE EXT. IF ANY) ()	FAX NUMBER (541)686-8747		

MESSAGE:

- | | |
|---|--|
| <input checked="" type="checkbox"/> DR NON-EMPLOYMENT DRIVING RECORD=3 YEAR RECORD \$1.50 | <input type="checkbox"/> VR VEHICLE RECORD PRINT \$4.00 |
| <input type="checkbox"/> DE EMPLOYMENT DRIVING RECORD=3 YEAR RECORD \$2.00 | <input type="checkbox"/> VH VEHICLE TITLE HISTORY \$22.50 |
| <input type="checkbox"/> DI DRIVER ADDRESS INFORMATION \$1.50 | <input type="checkbox"/> VO PREVIOUS OWNER INFORMATION \$14.00 |
| <input type="checkbox"/> DO OPEN-ENDED NON-EMPLOYMENT DRIVING RECORD \$1.50 | <input type="checkbox"/> II INSURANCE INFORMATION SEARCH \$10.00 |
| <input type="checkbox"/> CP CERTIFIED COURT PRINT = THIS OPTION MAY INCLUDE MORE THAN FIVE YEARS OF RECORD INFORMATION \$3.00 | <input type="checkbox"/> CC CERTIFICATION \$1.00 |
| <input type="checkbox"/> OTHER: _____ | |

SIGNATURE X	DATE
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A CHECK OR MONEY ORDER, PAYABLE TO "OREGON DMV"

For a complete list of fees and records (refer to Form 6691) www.oregondmv.com

MAIL REQUEST TO: DMV RECORDS SERVICES, 1905 Lana Avenue, Salem, OR 97314

Please call Records Services at 503-945-5475 with questions regarding this form.