



Eugene School District 4J
Criminal Background Check Form

This information is confidential and will be stored in a confidential manner.
(Please print clearly and complete all sections)

Student Information:

School(s): _____ I do not have a student in a 4J school []

Name(s): _____

Parent/Volunteer Information:

Last Name: [][][][][][][][][][][][][][][]

First Name: [][][][][][][][][][][][][][][]

Middle Name: [][][][][][][][][][][][][][][]

(Not Maiden, Full Name Required)

Date of Birth (mm/dd/yyyy): _____

Other Last Names Used (Maiden): _____

Driver's License # & State: _____

- A. Have you ever been convicted of any drug or child abuse related crimes? ___Yes ___No
B. Have you ever been convicted of any crimes related to violence? ___Yes ___No
C. Have you ever been convicted of a major traffic violation, including DUII? ___Yes ___No
D. Have you ever been convicted of ANY misdemeanor or felony crimes? ___Yes ___No
E. Have you ever been charged with a crime for which there has not yet been an acquittal or dismissal? ___Yes ___No
F. Have you ever had a restraining order filed against you? ___Yes ___No

If "Yes" to any question, please complete the following:

Date: _____ County: _____ State: _____

Type of Offense: _____

Explanation: _____

The facts set forth on this form are true and complete to the best of my knowledge. I understand that false statements on this form shall be considered sufficient cause for non-consideration as a volunteer. By my signature, I authorize District 4J to check criminal and/or civil records.

Signature: _____ Date: _____

For Office Use Only

Approved By: _____ Date: _____
Forwarded To: _____ Date: _____
Disapproved By: _____ Date: _____