



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: \_\_\_\_\_