

Oregon School for the Deaf

VOLUNTEER SERVICE



Volunteer Process

- ★ A potential volunteer must fill out and submit the volunteer application and criminal history check. This must be done before the person can volunteer on campus.
- ★ Return your signed application and Criminal History Background check for processing to: Kivo LeFevre, Volunteer Coordinator.
kivo.lefevre@osd.k12.or.us
- ★ Once the criminal check is verified as clear, you will be contacted by the Volunteer Coordinator to take the SB155 Training.



Once form has been completed. Please do one of the following:

- Sign and fax to Kivo LeFevre: 503.378.4701
- Sign, scan and send via email to: Kivo.LeFevre@osd.k12.or.us
- Sign and mail to: Kivo LeFevre, 999 Locust St NE, Salem, OR 97301
- Deliver in person to Kivo LeFevre at Front Desk

- Volunteer
- OSD Parent
- Practicum

Return to:
 Oregon School for the Deaf
 999 Locust Street NE
 Salem, Oregon 97301
 Attn: Volunteer Secretary (School/Sports)
kivo.lefevre@osd.k12.or.us
 Fax: 503-378-4701

OSD SCHOOL/SPORTS/ACTIVITIES VOLUNTEER APPLICATION

Last name _____ First Name _____ Email Address _____

Mailing address _____ Contact Phone _____

City _____ County _____ State _____ Zip _____

Education/Training

Do you have a high school diploma or a GED Certificate? _____ Year Graduated _____

Educational Programs (High School, College)

Name and location	Major areas of study	Dates attended	Degrees
1. _____	_____	_____	_____
2. _____	_____	_____	_____

List current valid licenses or certificates: _____

List any special skills you have: _____

Describe your ASL skills: None ASL1 (fingerspelling) ASL2 (social) ASL3 (fluent) ASL4 (Proficient)

Related Experience (most recent first)

1. Where: _____ Address: _____ Total time _____
 Yrs Months
 Your Position: _____ Duties: _____

Please let us know your area of interest any specialty area you would like:

- Library Multi-media
 Classrooms ES MS HS

- After School Tutoring**
- Basic Math Algebra Reading
 - Writing History Civics

- Athletics**
- Track Basketball Football
 - Soccer Cross Country Lifeguarding

- Nightmare Factory
- BEAT
- Other _____

Availability: Please let us know the days and hours you are available.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

- Morning – 8:00am-Noon
- Afternoon – Noon-3:00pm
- After School – 3:00pm-6:00pm

- Evenings – 6:00pm-9:00pm
- Nights – 9:00pm-Midnight

References (not related to you)

Name	Telephone	Years known
_____	_____	_____
_____	_____	_____

How did you learn of our volunteer program? _____

Have you volunteered at OSD before? _____ If yes, when? _____

Why are you interested in volunteering? _____

Will you receive HS or college practicum, community service, or work experience credit for volunteering? ___yes___no

If yes, list school/college _____ Teacher or professor _____

By my signature, I certify that I understand this is a volunteer position, NOT a paid position; that all answers and statements on this application are true and complete to the best of my knowledge; and, that should an investigation disclose untruthful or misleading answers, my application could be rejected for consideration and volunteer status terminated.

Signature _____ Date _____

Please attach a copy of your photo ID to this page.

As a volunteer working in a State of Oregon agency, you need to understand the extent to which you are covered by State of Oregon insurance for liability and personal injury/illness. Please read the following carefully and sign below.

Tort Liability

You will be protected from civil liability for injuries or damage to the person or property of others, subject to the following general conditions:

1. You are working on a state agency task assigned by an authorized agency supervisor;
2. You limit your actions to the duties assigned; and
3. You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

The conditions and limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260-300, and Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-202.

Motor Vehicle Liability

If you drive on campus or as part of your volunteer duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. You must also provide proof of insurance and have on file at OSD. State provided auto liability coverage will apply on a limited basis only after your primary coverage limits have been used.

Medical/Disability Insurance

It is your responsibility to provide whatever personal medical insurance coverage you desire. The agency **does not** provide workers' compensation or medical insurance coverage of any kind for your injury or illness incurred on the job.

Reporting Responsibility

Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform the Volunteer Coordinator or the front office as soon as possible.

Assigned Duties (Note if any document is attached or referred to for details) (Office use only)

I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.

Please print – Must be completed.

Name (last, first)	Telephone
Address	Date
Signature	
In case of emergency, please notify _____	
Home Phone _____	Work Phone _____

READ CAREFULLY!

AUTHORIZATION FOR MEDICAL CARE (Volunteers over age 18)

In the event of an emergency, accident, or illness, I authorize Oregon School for the Deaf and its agents to administer emergency medical care to myself and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment.

My signature below hereby represents that I have read, understand, and consent to this agreement.

Signature of Participant Date

AUTHORIZATION FOR MEDICAL CARE (Volunteers who are under 18 must fill this out)

I, _____, as parent or legal guardian hereby grant permission for _____ to do attend/participate in _____. In the event of an emergency, accident, or illness, I authorize Oregon School for the Deaf and its agents to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment.

My signature below hereby represents that I have read, understand, and consent to this agreement.

Participant Date Signature of

Parent/Legal Guardian Date Signature of
(Legal Guardian signature required if volunteer is under age 18 years.)

Return to:
Oregon School for the Deaf
999 Locust Street NE
Salem, Oregon 97301

Attn: Volunteer Secretary (Front Desk Secretary)
Email: kivo.lefevre@osd.k12.or.us
Fax: 503-378-4701