



Oakridge School District 76
"Schools and community partnering to prepare
students for productive citizenship."

Cathy Korth
Board Secretary-Human Resources
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Memo

TO: Oakridge School District Volunteer

FROM: Cathryn Korth, Board Secretary-Human Resources

SUBJECT: Welcome Volunteers!

DATE: August 28, 2023

The Oakridge School District values and appreciates your willingness to support our staff and students through volunteering. Please fill out the attached form and return it to the District Office as well as scheduling an appointment to be fingerprinted (see below).

The School Board updated the OSD Volunteer Policy in 2022 to require all volunteers to be fingerprinted along with a background check. Fingerprints are obtained in the Eugene/Springfield area by scheduling an appointment online at www.fieldprintoregon.com (see attachment for full instructions). Once fingerprints are taken, they are electronically sent to Oregon Department of Education. ODE will then send information to the Oakridge School District, and we will get in contact with you.

At this time the Oakridge School District will cover the cost of the fingerprints. If you are charged a fee at the location of your fingerprints, please bring your receipt to the District Office and complete a reimbursement form.

IMPORTANT: When scheduling your fingerprint appointment, please be sure to input the School Code **FPOakridgeSD76Vol** – This ensures that the fingerprint results are directed to us.



Oakridge School District #76

47997 W. First St., Oakridge, OR 97463

Phone (541)782-2813, FAX (541)786-2982

www.oakridge.k12.or.us

OAKRIDGE SCHOOL DISTRICT VOLUNTEER APPLICATION/AGREEMENT

NAME _____ EMAIL _____

ADDRESS _____ HOME PHONE _____

CITY/STATE/ZIP _____ WORK PHONE _____

Volunteering at: ☐ Junior/Senior High School ☐ Elementary School ☐ Both

VOLUNTEER ACKNOWLEDGEMENT

I, _____ agree to volunteer for Oakridge School District and agree to the following: (Please initial each statement.)

_____ I have full knowledge of any risks involved in this activity.

_____ I am physically fit and sufficiently trained to participate in this activity.

_____ I will follow all policies and procedures applicable to this activity.

_____ I understand that I am a volunteer and have no medical coverage provided by the District if I am hurt or injured.

_____ I understand that as a volunteer, I am not covered by the district's workers compensation policy.

_____ If I am unable to fulfill this agreement, I will notify the district at least 24 hours in advance.

_____ If I am under 18 years of age, my parent/guardian approves my participation. (Parent initial here) _____

I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from the program. I authorize Oakridge School District to make any necessary and appropriate investigations to verify the information contained herein.

SIGNATURE OF VOLUNTEER

DATE

INTERNAL USE ONLY

ODE Response _____

COVID Screening _____

SARS Meeting _____

VOLUNTEER FINGERPRINTING INSTRUCTIONS

Scheduling Fingerprint Appointments

1. Go to fieldprintoregon.com
 2. Schedule an Appointment
 3. New User Sign Up / Enter email address
 4. Select password
 5. Input personal information (make sure the information matches your Identification)
 6. Input School Code **FPOakridgeSD76Vol**
 7. Choose a location and schedule an appointment
- (The cost at the location is approximately \$12.50)

If you have questions please contact FieldPrint customer service at: (877) 614-4364 or via email CustomerService@fieldprint.com