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# SUNDANCER MEMO

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**To:** All Cleveland Dance Team Parents  
**From:** Parent Advisers  
**Subject:** Driving dance team members in your private vehicle  
**Date:** June 5, 2008

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Portland Public Schools (PPS) must now verify that private vehicles used to transport any team member are equipped with the State-required personal safety devices and are covered by the State-required minimum liability insurance.

This year if you expect to transport any dance team member—other than your own daughter—in your private vehicle to any practice, performance or competition, you must complete each of the enclosed documents and return them in the envelope provided by June 18, 2008. (Anyone who does not complete these forms should not transport any team members in their vehicle during the 2008-2009 season.)

If you completed one or more of these forms prior to the State Competition, please complete all three forms anyway. Karen in the Cleveland office indicated she will check PPS records to see which documents you previously submitted are still in force, shred the new one and submit the remaining documents to PPS. (FYI, Karen also indicated that you will need to include either your social security number or your driver’s license where requested, but not both.)

If every dance team parent completes these forms, we will have a large pool from which to draw in the event a bus does not arrive for a competition or a parent has car trouble at the moment when they should be leaving to pick up their daughter, etc. Thank you for being willing to make your private vehicle available for carpool purposes.

If you have any questions, please contact one of the Sundancer advisers:

- Darlene Maddox: (503) 231-9725
- Natasha McLeron: (503) 704-9493

**VOLUNTEER INFORMATION FORM  
PORTLAND PUBLIC SCHOOLS  
PORTLAND, OREGON**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Hours to call \_\_\_\_\_

Business Phone \_\_\_\_\_ Hours to call \_\_\_\_\_

Birth Date \_\_\_\_\_

<b>Preferred Grade Level:</b>	<input type="checkbox"/> K-5	<input type="checkbox"/> 6-8	<input type="checkbox"/> 9-12	<input type="checkbox"/> Other _____
<b>Check Preferred Area Below</b>				
<input type="checkbox"/> HOSTS Reading Program <input type="checkbox"/> Classroom <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Drama <input type="checkbox"/> P.E. <input type="checkbox"/> SMART Program	<input type="checkbox"/> Foreign language (list _____) <input type="checkbox"/> Instrumental Music <input type="checkbox"/> Vocal Music <input type="checkbox"/> Student Attendance <input type="checkbox"/> Resource Center <input type="checkbox"/> Home Economics <input type="checkbox"/> Lunch Supervision	<input type="checkbox"/> Playground Supervision <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Counseling Office <input type="checkbox"/> Library <input type="checkbox"/> Office <input type="checkbox"/> Clerical <input type="checkbox"/> Other (list _____)		

HOSTS (Help One Student to Succeed) – A time commitment of at least one-half hour once a week in an organized tutor reading program. Available only in certain schools.

Start Making A Reader Today

**Work/Volunteer experience relating to areas of volunteer interest**

**Day(s) and Time(s) available** (List hours each day you could volunteer)

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday

\_\_\_\_\_ Thursday \_\_\_\_\_ Friday

**I am available to volunteer:** \_\_\_ Weekly \_\_\_ Regularly \_\_\_ Occasionally \_\_\_ Other

**Preferred School or Site:** \_\_\_\_\_

**EMERGENCY INFORMATION: In case of emergency, please notify:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ (home)

Address \_\_\_\_\_ Phone \_\_\_\_\_ (work)

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ (home)

Address \_\_\_\_\_

**Preferred Hospital** \_\_\_\_\_

**Medical Insurance Coverage** \_\_\_\_\_ **I.D. Number** \_\_\_\_\_

(Other pertinent medical information (bee sting allergy, epileptic, medical alert bracelet, etc.)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CRIMINAL HISTORY VERIFICATION OF APPLICANTS

**Please type or print clearly.**

As Appears on License

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used: \_\_\_\_\_  
(includes Maiden Name)

Social Security No.: \_\_\_\_\_ Driver License/Identification Card No.: \_\_\_\_\_

*Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.*

Mailing Address: \_\_\_\_\_  
Full Street Address/Post Office Box

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

A. Have you **EVER** been convicted of a sex-related crime? [ ] Yes [ ] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

If yes, did the crime involve force or minors? [ ] Yes [ ] No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? [ ] Yes [ ] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages. [ ] Yes [ ] No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

D. Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes) [ ] Yes [ ] No

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? [ ] Yes [ ] No

**Advisory:** A check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, volunteer, or other prospective school employees working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DRIVER/VEHICLE STATEMENT OF QUALIFICATION

For Use of Private Vehicle on a School Field Trip

*Attach a copy of your valid driver license, and the Declaration Page of your auto Insurance policy showing proof of auto insurance and your present coverage.*

\_\_\_\_\_  
Staff Member/Adult Volunteer

\_\_\_\_\_  
School

This statement attests to my having met the following criteria regarding operation of a private automobile for transportation of Portland Public School students on a scheduled field trip.

Oregon Driver's License Number: ODL\_\_\_\_\_

Vehicle description: \_\_\_\_\_  
(Year, Make, Model and License Plate Number)

Vehicle is covered by liability insurance issued by:  
Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

I hereby state that this insurance is at a level at least equal to the State required minimum insurance of \$25,000 per person/\$50,000 per occurrence for bodily injury liability, \$10,000 for property damage liability, and \$15,000/per person for Personal Injury Protection, and \$25,000 per person/\$50,000 per occurrence for uninsured/underinsured motorists coverage.

My vehicle is equipped with personal safety devices for each passenger. These safety devices are in sound working order and are in compliance with House Bill 3155, which states that children riding in a motor vehicle who are under 6 years old and who weigh less than 60 pounds must be properly secured with a child safety system (booster seat) and a shoulder belt. The middle of the back of their head must not be above the top of the seat or headrest. To the best of my knowledge, the vehicle is in sound working condition and is dependable.

In addition to the above stated information, I hereby declare that I have never been convicted of or pled guilty to driving under the influence of intoxicants or any other felony involving the use of a motor vehicle. I agree not to use a cell phone in the vehicle except for emergency purposes. I will not smoke during the field trip.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Address

- Adult Volunteer information must be kept on file at the school for one year
- Staff Member information must be sent to the Risk Management Department for filing