

# Keizer Tennis Association (KTA) Criminal History Check Volunteers Only



Full Name: \_\_\_\_\_  
Last First Middle

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

## **Instructions:**

Please answer all questions on this form. Do not leave any areas blank. If information required does not apply to you write "N A" for "not applicable" or the word "none". If you have questions please don't hesitate to call Barb Smith at 503-881-9242.

Providing your Social Security Number is voluntary. If you do provide your Social Security Number, we will use it to ensure we do not misidentify you as it is possible more than one person with your full name could have the same date of birth.

Backgrounds will be verified back to your 18<sup>th</sup> birthday. Falsifying or not disclosing information may result in disqualification of your application or termination of your volunteer assignment. If in doubt, it is suggested you disclose and explain rather than conceal. If you answer "no" to any question based on an "expungement", order "setting aside" or "sealing" of a record of a conviction or conditional discharge, you must personally verify with the court directly involved that the expungement, setting aside or sealing actually has taken place. An erroneous belief that a conviction has been expunged, set aside or sealed when, in fact, it has not, will be deemed a false statement.

Completed forms should be returned to Barb Smith, 671 Sunset Ave., N., Keizer, OR 97303.

Your Full Name: \_\_\_\_\_



Please list all states where you have lived as an adult (18 or older): \_\_\_\_\_  
\_\_\_\_\_

Have you ever been approved as a volunteer for a government agency or non-profit organization?  
 Yes  No If "Yes", please list: \_\_\_\_\_  
\_\_\_\_\_

Are you currently the subject of an ongoing investigation related to a report of suspected child abuse or sexual conduct involving a minor child?  Yes  No

If "Yes", please explain: \_\_\_\_\_

Have you ever been reprimanded, disciplined or placed on probation by a licensing agency or had a professional license revoked, suspended or denied?  Yes  No

If "Yes", please explain: \_\_\_\_\_

**Authorization to Release Information  
(Release from Liability Waiver)**

As part of my volunteer application, I hereby consent to and authorize the release of any and all information to the Keizer Tennis Association (KTA) which may be considered in evaluating my qualifications for volunteering. I, therefore, release all parties and persons connected with any request for information from claims, liability, and/or damages for whatever reasons arising out of furnishing such information.

To any law enforcement agencies, civil records authorities, and KTA, I authorize you to release to the KTA any and all information and civil or criminal records naming me, including all entries where I am named as being arrested, as a suspect, as being cited for any crime, violation, infraction of offense, or as otherwise involved or named in any report by any member agency of your organization.

**I release the KTA and all persons providing this information to the KTA from any liability whatsoever for obtaining and providing that information regardless of the results.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CRIMINAL HISTORY VERIFICATION OF APPLICANTS



Please print (or type) clearly – if you have a valid Oregon Driver’s License, please enter the information as it appears on the license.

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender (circle): M F  
Last First Middle MM/DD/YYYY

List other names previously used: \_\_\_\_\_  
(including maiden)

SSN: \_\_\_\_\_ Driver License/ID Card No: \_\_\_\_\_

Providing your Social Security Number on this form is voluntary. If you choose not to disclose your Social Security Number, this will not be the basis for disqualification for volunteering for the KTA. If you do provide your Social Security Number, the Oregon St. 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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A. Have you ever been convicted of a sex-related crime?  Yes  No  
If yes, in what state or states was (were) the conviction(s): \_\_\_\_\_ State(s): \_\_\_\_\_  
If yes, did the crime involve force or minors?  Yes  No

B. Have you ever been convicted of a crime involving violence or the threat of violence?  Yes  No  
If yes, in what state or states was (were) the conviction(s): \_\_\_\_\_ State(s): \_\_\_\_\_

C. Have you ever been convicted of a crime involving criminal activity in drugs or alcohol?  Yes  No  
If yes, in what state or states was (were) the conviction(s): \_\_\_\_\_ State(s): \_\_\_\_\_

D. Have you ever been convicted of a 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 an applicant’s criminal history will be made by the KTA to verify the responses to the preceding questions.

I hereby grant the Keizer Tennis Association permission to check civil or criminal records to verify any statement made on this form. (Regardless of whether an applicant grants consent, the KTA may conduct a criminal offender record check of applicants volunteering for the KTA. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information.) I acknowledge receipt and reading of this notice.

Applicant’s signature: \_\_\_\_\_ Date: \_\_\_\_\_



Keizer Tennis Association  
Background Check – Details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Last First Middle Month Day Year  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Section A: If you have ever been convicted, plead guilty, plead nolo contendere (no contest) or received diversion to any felony, misdemeanor, or violation in any municipal, justice, state or federal court, please list information below (see Section B for restraining and /or stalking orders):

Crime, Charge and/or Violation	Date of Charge	Court and Case Number	If you were incarcerated please list dates From To	List Probation Date and Condition	Name of Probation Officer

Section B: Have you ever had a stalking or restraining order placed against you?  Yes  No. If "yes", please complete this section:

Date of Order	Reason	Court and Case Number	County and State	If you were incarcerated, please list dates From To	Who are the protected parties?	If children were involved, list name(s) and school(s) attending	Relationship to protected parties

Section C: Please add any additional information you would like us to consider in acting on your application: