



DE LA SALLE NORTH  
CATHOLIC HIGH SCHOOL

*Volunteer Opportunities*  
*2009-2010*

If you wish to volunteer at De La Salle North, please contact **Kris Evens-**  
[kevens@dlsnc.org](mailto:kevens@dlsnc.org), 502.285.9385 ext 122 or **Bridget Harrington-**  
[bharrington@dlsnc.org](mailto:bharrington@dlsnc.org), 503.285.9385 ext 106 with your volunteer desires or  
questions. There are a variety of opportunities throughout the year.

Necessary forms for repeated or yearly volunteering are below.

De La Salle North Catholic is committed to serving families of urban Portland with a faith based,  
college preparatory education. Thank you.

De La Salle North Catholic  
Volunteer Orientation List

Name: \_\_\_\_\_

Volunteer Reports To: \_\_\_\_\_

Volunteer Email Address: \_\_\_\_\_

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

Volunteer Mailing Address: \_\_\_\_\_

Forms to Complete  
(For the Business Office only)

Background Check  Yes;  No (Include a copy of current driver's license)

Emergency Information  Yes;  No

Called To Protect Child Abuse Prevention Training Certificate:  Yes;  No

If no, training date scheduled is: \_\_\_\_\_

Will volunteer be expected to drive students to activities :  Yes;  No

If yes, then volunteer must submit a copy of their current driver's license, take a knowledge test and complete the application for a Type 10 vehicle and may NOT drive until clearance has been given.

Volunteers must never be in the building alone unless they have obtained prior approval from Administration. Other requirements will apply if this is approved.



All employment offers are contingent on the satisfactory result of the applicant's background investigation.

Please attach a copy of your driver's license or other photo ID. Please read and sign the authorization on the other side of this form.

**AUTHORIZATION**

I understand that, in connection with my employment application, a background check may be done that may include information regarding my driving records, court records (both civil and criminal), educational and professional credentials, and personal and professional references. This information may come from either public or private sources and may contain information regarding my character, experience, work habits, and/or other information relevant to volunteer service.

I understand that, if I am employed by De La Salle North Catholic High School, this background check authorization will be kept on file and may be used at any time during my employment to procure further information when, in the judgment of my employer, such may be necessary.

I hereby release and discharge De La Salle North Catholic High School, its employees, any individual or agency obtaining information for De La Salle North Catholic High School, my personal and professional references, and my former employers to the full extent permitted by law, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

According to the Fair Credit Reporting Act, I am entitled to know if an adverse employment decision is made based on information obtained from a consumer report or investigative report and to receive upon written request (made within 60 days of the date of decision), a disclosure of the nature and scope of my investigative report.

I have read and understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future.

My signature below certifies that all information I have provided in connection with this background investigation is true, accurate, and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**De La Salle North Catholic High School**  
**2009-2010**  
**VOLUNTEER EMERGENCY FORM**

**Volunteer Information**

FIRST	MI	LAST
ADDRESS		CITY/STATE/ZIP
HOME TELEPHONE (       )	CELL PHONE (       )	
BIRTH DATE -MONTH/DAY		
EMAIL ADDRESS		

**Spouse Information**

SPOUSE FIRST	MI	LAST
ADDRESS		CITY/STATE/ZIP
WORK TELEPHONE		
EMAIL ADDRESS		

In the event of an emergency and the school is unable to contact your spouse, please list the names and telephone numbers of persons to contact: This should be a local number whenever possible of someone who knows you.

**Emergency Contact**

FIRST	MI	LAST
RELATIONSHIP		
HOME TELEPHONE	WORK TELEPHONE	
FIRST	MI	LAST
RELATIONSHIP		
HOME TELEPHONE	WORK TELEPHONE	

As stated by the Archdiocese of Portland, the “Called to Protect” training is required for any person who wishes to volunteer at a Catholic school more than 4 times. You may receive this training from the school for which you are volunteering, however, these are offered early in the school year. You may also find a training schedule online at [www.archdpdx.or](http://www.archdpdx.or). Thank you.