



**City of Lake Oswego  
Human Resources Department**

380 A Avenue, PO Box 369, Lake Oswego, OR 97034  
503-635-0220

**VOLUNTEER CRIMINAL RECORDS CHECK CONSENT FORM**

In order to serve the best interest of the citizens, the City of Lake Oswego conducts a criminal check on all volunteers.

**PLEASE PRINT THE FOLLOWING INFORMATION IN INK**

Position Applied For: \_\_\_\_\_

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

Last

First

Middle

Other Names Used (aliases, maiden names, etc): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

**Have you ever been charged with any crime?**  Yes (please list below)  No

Please list all convictions on charges made against you. Please provide additional sheets if needed.

Name When Convicted	Conviction	Date	City & State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**AUTHORIZATION**

I authorize the City of Lake Oswego to check my criminal history. To the best of my knowledge all of the above information is accurate. I have made no willful misrepresentations, omissions or falsification of any information. I am aware that should investigation disclose such misrepresentations, falsifications or omission in the information I have submitted in the application process, my application will be rejected. I understand that information disclosed by me or by investigation may, in the sole discretion of the City of Lake Oswego, disqualify me from volunteering. I am also aware that after acceptance for volunteering, if subsequent investigation or information disclose misrepresentation, falsification or omission, it will be just cause for immediate dismissal.

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

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

**CIS Check Date:** \_\_\_\_\_ **by:** \_\_\_\_\_ **Arrest record found:**  Yes  No