

Tualatin Hills Park & Recreation District
Attn: Athletic Center
15707 SW Walker Rd. Beaverton, OR 97006
Email: inclusion@thprd.org • Phone: 503-629-6330

## Non-THPRD Personal Aid/Caregiver Notification

The Tualatin Hills Park & Recreation District requests to be informed when a non-THPRD personal aid will be attending a program with a patron. We require a background check to be completed every 12 months for all non-THPRD personnel who are 18 years or older and will be attending THPRD programs with minors, older adults, or other vulnerable individuals

Date:						
Patron Name:			THPRD #:			
Parent/Guardian Name:		Relat	ion to Participant:			
Day Phone:	Cell Phone:		Email:			
Preferred Language of Co	mmunication: $\square$ English	ı □ Spanish □ Ot	her:			
Please list any accommo	dations the patron ma	y be bringing wit	h the aide (i.e. equip	ment, service dog):		
Personal Aid Name:	Agency (if applicable): Cell Phone: Email:					
Day Phone:	Cell Phone:		Email:			
List certifications and/or qu	ualifications:			_		
Has personal aid c	ompleted THPRD's bad	ckground check v	vithin the last year?	□Yes □No		
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programs need to	disabilities who wish to inform THPRD <u>two (2) w</u> for a background check t adjustments for an	veeks prior to the stop process and to e	tart date of ANY progra	ing THPRD am to ensure		
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• RE-APPLICATION information current a new personal aid	o inform THPRD two (2) we for a background check to adjustments for an Class Number (Starts with 2 Letters)	Location  Location  Location  Location  Location  Location  Additional sheets if notes the completed & can be made for parents/Guardian arm. A THPRD bare	Date(s)  Dated  eeded  updated each term (quersonal aid in the process are responsible to inckground check needs	ing THPRD am to ensure to make  Time(s)  uarter) to keep gram nform THPRD when		

Please email completed form to inclusion@thprd.org or drop off at Athletic Center

Staff Use Only						
Date:	Name of intake staff:	Site/facility:				

## Non-THPRD Personal Aide/Caregiver

## **BACKGROUND CHECK CONSENT FORM**

The Tualatin Hills Park & Recreation District is conducting a Background Check Program for all non-THPRD personnel who are 18 years or older and will be in THPRD programs with minors, older adults, or other vulnerable individuals. We are not anticipating any problems but we are committed to maintaining a quality and safe environment for all of the participants. All applications will be processed through the Criminal Information Services, Inc. database. Please supply ALL the requested information.

	LICATIONS AND							
Please print or type all infor	mation.							
Full Legal Name:				Middle				
Last	Last							
Other Names Used (nickname	es, maiden name,	etc.):						
Address:								
Street	Ci	State State		State	Zip			
Birthdate:		Phone Number:						
Driver's License #:		State	SSN#:					
How long have you lived i								
If less than 7 years contin	State	please complete the following:  County (if known)			Dates			
Oity	Otate	County (ii known)		Dates				
Have you ever been convict	ted of any crimin	al offense?	□ Yes □ N	10				
If yes, please provide details I	below. Failure to d	disclose convict	ions will automa	atically disq	ualify your application.			
If yes, please provide details below. Failure to disclose convictions will automatically disqualify your application.  Name (when charged)  Conviction Data (approx.)  Where occurred (city and state)								
Name (when charged) Conviction Date (approx.) Where occurred (city and state)								
Applicants Signature:			Dato					
	Date:							
Witness's Signature:	ss's Signature: Date:							
Have you completed a Background Check Consent Form for THPRD in the past? ☐ Yes ☐ No								
Year: I have volunteered for:								