



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: _____ Relation to Participant: _____
 Day Phone: _____ Cell Phone: _____ Email: _____
 Preferred Language of Communication: English Spanish Other: _____

Please list any accommodations the patron may be bringing with the aide (i.e. equipment, service dog):

Personal Aid Name: _____ Agency (if applicable): _____
 Day Phone: _____ Cell Phone: _____ Email: _____
 List certifications and/or qualifications: _____
Has personal aid completed THPRD’s background check within the last year? Yes No

Individuals with disabilities who wish to provide their own personal assistant during THPRD programs need to inform THPRD two (2) weeks prior to the start date of ANY program to ensure enough time for a background check to process and to ensure program is able to make adjustments for an additional person in program.

Name of Class/Activity	Class Number (Starts with 2 Letters)	Location	Date(s)	Time(s)

Please use additional sheets if needed

- **RE-APPLICATION REMINDER:** Form must be completed & updated each term (quarter) to keep information current & to ensure adjustment can be made for personal aid in the program
- **PATRON/GUARDIAN RESPONSIBILITY:** Parents/Guardians are responsible to inform THPRD when a new personal aide will be attending program. A THPRD background check needs to have been completed within the last year from the start date of the program

Patron/Parent Signature: _____ Date: _____

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.

ALL APPLICATIONS AND RESULTS WILL REMAIN CONFIDENTIAL.

Please print or type all information.

Full Legal Name: _____
Last
First
Middle

Other Names Used (nicknames, maiden name, etc.): _____

Address: _____
Street
City
State
Zip

Birthdate: _____ Phone Number: _____

Driver's License #: _____ State SSN#: _____

How long have you lived in Oregon?			
<i>If less than 7 years continuous in Oregon, please complete the following:</i>			
City	State	County (if known)	Dates

Have you ever been convicted of any criminal offense? Yes No

If yes, please provide details below. Failure to disclose convictions will automatically disqualify your application.

Name (when charged)	Conviction Date (approx.)	Where occurred (city and state)
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Applicants Signature: _____ Date: _____

Witness's Signature: _____ Date: _____

Have you completed a Background Check Consent Form for THPRD in the past? Yes No

Year: _____ I have volunteered for: _____