

Position Description

The Office of Student Access and Completion (OSAC) administers hundreds of scholarship programs each year and processes more than 15,000 student applications. To choose scholarship award recipients, scholarship programs use selection committees to read, review, and evaluate student applications. OSAC needs volunteers to serve on its Internal Selection Committee. Volunteers will review and score student applications for final awarding decisions. Training for the role is provided.

Duties

- 1. Evaluate applications (grades, activity/work history, essays, etc.) using prescribed selection criteria and established scoring metrics
- 2. Ensure and uphold donor intent

Required Skills

Attention to detail Basic keyboarding skills Ability to work independently

Desired Skills

Familiarity with Microsoft Word and Excel Experience in education, personnel evaluation, financial aid services, counseling, or similar field

Time Commitment

Volunteers are needed throughout scholarship season, which runs from mid-March through early-July. OSAC offers schedule flexibility however we ask volunteers to commit to **at least 30 hours of service** per season. Application review will be conducted electronically for the upcoming 2022-23 application season due to the COVID-19 pandemic and likely necessity to continue social distancing measures.

Volunteers' Impact

Members of the Internal Selection Committee have a tremendous impact on Oregonians pursuing postsecondary degrees. As higher education has gotten increasingly more expensive over the past 20 years, financial aid like scholarships have become more important than ever. Without financial aid, many students would be unable to pursue a degree. By reviewing scholarship applications, volunteers help make education dreams a reality.

How to Apply

To apply for the Internal Selection Committee, you will need to complete the Application, Confidentiality, Authorizations, and Criminal Background Check forms. You can drop off your completed materials to the OSAC office or send them via mail, or fax to the address listed below:

OSAC Scholarships - HECC 3225 25th Street SE Salem, OR 97302 phone (541) 687-7400 | fax (541) 687-7414



Confidentiality and Document Security

It is important for selection committee members, volunteers, and staff to maintain the confidentiality of private student information. This confidentiality is mandated by OSAC as well as state and federal regulations. Volunteers with OSAC:

- 1. Will NOT discuss private student financial or personal information outside of the OSAC office.
- 2. Will NOT remove paper and/or electronic application materials from OSAC offices. This includes (but is not limited to) ranking reports, applications, transcripts, and supplemental materials.

Conflict of Interest

During application review and selection, reviewers and committee members must be able to evaluate materials fairly and without influence (real or perceived) caused by a conflict of interest (real or perceived). Reviewers/committee members shall not review their own materials, or those of someone close to them. If the reviewer/committee member discovers that the materials being reviewed belong to a family member or close friend, they will declare a conflict of interest and not continue reviewing those particular materials.

Committee members must evaluate applications based on the elements established by OSAC and the scholarship donor prior to the review/selection.

By singing below, I certify that I have read and agreed to adhere to the confidentiality, document security, and conflict of interest policies described above.

Name (Printed)

Signature

Date

Schedule Availability

Please indicate below what hours of the day (9 a.m. to 5 p.m.) that you are available to volunteer. Make any notes as necessary, such as how frequently you'd like to volunteer and how long you'd like volunteer shifts to be.

Monday	Tuesday	Wednesday	Thursday	Friday

Notes:



Name				Date of Birt	h	
Home Phone	Cell Phone		Work Phone			
Best time to	·		Email	•		
contact you?			Email			
Mailing		City			Zip	
Address		Oity			•	
Street Address (if different from above)						
Preferred contact method? Email	Text / SM	/IS Ho	me Pho	ne Wor	k Phone Cell Phone	
Primary				Dhana		
Emergency Contact				Phone		
Alternate				Phone		
	Emergency Contact					
Occupation						
(current or before retirement)						
Education/Training						
Background						
If you have a disability and require ac	commodations t	o perform yo	ur assig	nment, pleas	se indicate:	
How did you hear about this program?	?					
Personal References References should have known you for at	least 6 months a	nd not be relati	ives or li	ve in the same	e household.	
Name		Mailing Addr	ess			
				Ph	one	
					nail:	
				Ph	one:	
					nail:	
				Ph	one:	
					nail:	
For Office Use Only				S	creening Process	
-	•			-		

For Office Use Only				Screening Process
Criminal Records Check	Required	Yes	No	Date Completed
Reference Check				
1.				
2.				
3.				



Authorizations

Due to the sensitive and confidential nature of the information handled by OSAC, a criminal records background check is conducted (at OSAC expense) for the protection of everyone involved. Information obtained in these reports is only used by the Director's Office and will not be shared with any other agency or person. Volunteers, student interns, temporary employees, and work-study students follow the same background check requirements as part-time and full-time OSAC employees.

Understanding of Requirements

My signature below certifies that I have read and understand the position description, confidentiality policy, and criminal records background check process. I agree to the volunteer responsibilities and that my duty as a volunteer is to abide by the laws and policies regarding preservation of confidential information.

Name (Printed)

Signature

Date

Date

Background Check

I understand that if a background check is required, OSAC will conduct an Oregon Criminal Records Check Process, unless a National Criminal Records Check Process is necessary (The National Process includes a fingerprint check.) I agree to the background check process as outlined above.

Name (Printed)

Signature

OSAC Publicity

I give permission for OSAC to use my: _____ Name _____ Photograph _____ Quotes in any form of publicity for scholarship services. I understand that I may withdraw my consent at any time by submitting a written request to the Scholarship Processing Coordinator.

(This portion of the form is optional and voluntary. You are not required to sign.)

Instructions for the Subject Individual

Read all instructions before completing these forms

The "Subject Individual" is the person whose criminal history is being checked. The subject individual must complete and sign Section 2.

Listing your social security number (SSN) is necessary for the Agency to complete the criminal records history check. If you do not provide your SSN, your hire status may be in jeopardy. If you do not have a SSN but do have an INS number, write your INS number in Section 2.

Disclose all criminal history. You must accurately and completely disclose all criminal history. This includes all felonies, misdemeanors, probation violations and failures to appear. If you fail to list any part of your history, you may be denied employment. Serious traffic offenses, such as "Reckless Driving," "Driving Under the Influence of Intoxicants" (DUII) and "Driving While Suspended" (DWS) must be listed.

"Failure to Appear," even for a minor traffic violation, must be listed. If you are not sure if something should be listed, you should list it. Be certain to include the date (approximate if necessary) and location (city and state) of each arrest and conviction.

If you have history that you believe is "expunged" or removed from your record, or a crime for which you have been pardoned but you do not have documentation that it was removed, you should list it. A crime is not removed from your record until you complete the formal process to have it removed.

Arrests. In most cases, arrests alone will not result in denial of employment. If, however, you fail to disclose or falsify information about arrests, you may be denied employment.

Violations. Minor traffic violations such as parking tickets, speeding, or failing to stop at a stop sign or red light, need not be listed.

If you have any criminal history, provide the following information in question 24.

- Tell us what happened when you were arrested and/or convicted.
- What did you have to do because of the arrest or conviction? Serve probation? Pay restitution? List any treatment, counseling, alcohol or drug rehabilitation, education, and training you've had. List employment demonstrating responsible behavior.
- How is your criminal history relevant to your job or position?
- How has your life changed since the criminal event?
- Why do you believe you are no longer a risk to vulnerable people?
- Explain why you believe past criminal behavior is not likely to recur.
- Attach documentation to support the information provided.

Denial. You may be denied employment if you have a potentially disqualifying crime or condition as indicated in OAR 575.007.0280, or if you falsify or fail to disclose requested information. You may be denied employment if you have a probation violation, outstanding warrant, deferred sentence or unresolved arrest. You may be denied employment if you are on probation.

Failure to cooperate. If you do not cooperate with the criminal-history check process, your application may be closed without a fitness determination and you will not have a right to appeal the decision.

Additional Information and Instructions

Authority. The Oregon Office of Student Access & Completion (OSAC) is authorized by state law to screen subject individuals in order to determine if they have a history of criminal behavior such that they are not fit to work or volunteer in positions covered by OAR 575-007-0220 (2)(a)-(n).

Results. Results from this request for criminal history check are sent by the Authorized Designee to the hiring supervisor listed in Section 1 if the background check is approved. If potentially disqualifying crimes are found, the Authorized Designee reviews the results, takes appropriate action, and notifies the subject individual by letter of the results.

Rechecks. The Authorized Designee may repeat this background check process at any time while the subject individual works, resides or otherwise continues in this position. The subject individual must notify the Authorized Designee if he/she is arrested or convicted for any misdemeanor or felony after completing this form.

Sources checked. In doing this check, OSAC may use information from the Driver and Motor Vehicle Division; Department of Corrections; Oregon State Police; Federal Bureau of Investigation; and local, state and federal courts. OSAC mav use information from other criminal iustice, corrections and law-enforcement agencies, and other state and local government agencies. The OSAC Authorized Designee in Personnel may request fingerprints. In some cases, current and previous employers may be checked.

Challenging the state information. The subject individual may look at the criminal history information (LEDS record) provided by the Oregon State Police. If the subject individual wants to obtain a copy of the record or challenge information in the record, the subject individual must contact the Oregon State Police, (503) 378- 3070, extension 330.

Challenging the FBI information. The subject individual may challenge the accuracy and completeness of information in the FBI record if he or she believes it is incorrect. To obtain a copy or challenge the FBI record, the subject individual must contact the Federal Bureau of Investigation for information, (304) 625-3878.

Civil rights. Subject individuals may have rights under Title VII of the Civil Rights Act of 1964. Discrimination by an employer on the basis of arrests alone may violate federal law. Individuals wishing to obtain information regarding civil rights should contact the Oregon Bureau of Labor and Industries, (503) 731-4075, or the U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000.

Criminal Record Check

FORM - A

(Please print clearly using blue or black ink)

APPLICANT NAME:				
Section 1: To be completed by the Hiring Director, Manager, Supervisor or Designee				
1. Hiring Director:	2. Phone:	2. Phone:		
3. Reason for request: New hire	Current employee	ctor		
Temporary Intern	Work Study Student	/olunteer		
4. Working Job Title:	5. Classification #:	6. Position #:		
7. Position requires direct contact with:				
Confidential Information	Payroll, budget, and financ	ial information		
Information Technology Services	Purchasing			
Access to facilities or individuals who are minors (under 18 years), elderly, or disabled				
8. Will employee be driving to conduct state business?				
9. Confirmation of Subject Individual's Identific	cation:			
Type of ID Presented	Date:			
Confirmed by:	Date:			
10. Director's Signature:	Date:			

Criminal Record Check

FORM - B

(Please print clearly using blue or black ink)

Section 2: To be completed by the Subject Individual				
APPLICANT NAME	E:	SSN or INS#:		
11. List all other nam	es used:			
12. Birthdate:		13. Sex: Male Female		
mm / dd / yyyy				
14. Street Address:				
15. City:	16. State:	17. Zip:		
18. Phone:	19. Messag	ge:		
20. Driver's License	or ID Card Number:	21. Issued in State:		
Authorized Designee Use Only	Preliminary Review Completed by (initials):	Date:		
		ingerprints Requested: □Yes □No		
Preliminary Hire St	atus Allowed: 🗌 Yes 🗌 No	<u> </u>		
		egon Only LEDS check:		
Preliminary Activities Allowed Pending Final Fitness Determination:				
May participate in training activities				
Status: May attend orientation				
□ Other:				

22. Have you lived anywhere oth	ner than Oregon for 60 or	more consecutive days du	ing the <u>last 5 years</u> ?		
	No Yes If yes, list locations below				
 During the previous five yea than one academic term or research project, or a similar 	semester as part of a st program or activity?		e consecutive days or for more academic exchange, extended		
City	State	From: (Month / Year)	To: (Month / Year)		
24. Have you ever been arrester (If more space is needed, pleasea. Date:		? 🗌 No 📋 Yes – If yes,	list details below.		
dd mm yyyy Details:	City	State and Zip	Crime		
b. Date:	City	, State and Zip	Crime		
c. Date:	City	, State and Zip	Crime		

- I understand that a criminal history check will be completed on me. I certify that the information I have provided is correct and complete.

- I understand that if I provide false or incomplete information, I may be denied the position.

- I understand a check may be repeated during the time I hold this position.

- I understand that I must notify the Authorized Designee if an arrest/conviction for any misdemeanor/felony occurs after I complete this form.

Printed Name of Subject Individual