

CAMPUS: _____

TEACHER: _____

ASSIGNMENT: _____

DAYS & TIMES: _____

EVERMAN ISD PARTNERS in EDUCATION Parent & Community & Business Volunteer Application

It is our honor to have you working with the students in our schools. They are the most important assets of our district. Working together we will strive to provide them with the very best education possible.

We thank you for your interest in our students and the time that you will be giving them.

Thank you also for your time in completing the following information.

We know you understand the importance of the safety and well being of our students.

Volunteer Applications must be submitted a minimum of seven (7) days in advance of a field trip or event.

Approvals are provided to the campus on application within seven (7) days.

Must be 21 years of age or over to volunteer.

To maintain our records correctly, we request that you print all information in BLACK ink.

Name _____
Last First Middle

Other names you have used including Maiden: _____

Address _____
Street Apt. # City Zip

Phone(s) Home _____ Work _____

Cell Phone _____ Email Address _____

The requested information regarding sex, race, date of birth and Social Security Number is required by the Texas Department of Public Safety. This information is kept strictly confidential and is necessary only for processing the criminal history.

This information will only be released as required by law.

Sex: Male ___ Female ___ Soc. Sec. # _____ (only needed if drivers license is out of state)

Driver's License or ID#: _____ State: _____ Date of Birth: _____

Ethnicity: African American Caucasian Hispanic Asian Other _____

Please Specify

Type of volunteer: parent ___ grandparent ___ community ___ business ___ school employee ___

Have you ever served as a school volunteer before? ___ yes ___ no

If yes, where and in what capacity: _____

If parent or grandparent, list the names of your children and the schools they attend: _____

If you are a community &/or business volunteer, give the name of the organization or business that you represent: _____

(OVER TO COMPLETE)

Have you ever been convicted or pled guilty or no contest (nolo contendere), to, a felony offense or a misdemeanor other than a traffic violation? If so, please explain. (For purposes of volunteering with EISD, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution. _____ Yes _____ No

(If "yes", please explain: _____)

Failure to disclose complete and truthful information constitutes reason for denial of Volunteer Application.

I hereby give the Everman Independent School District permission by and through this release form to obtain any record of my personal history, civil or criminal, from any local, state or federal law enforcement agency, department of correction, clerk's office or child protective agency or from any previous or current employer.

It is understood that the information shall be used only to evaluate my application to work with the students in the Everman ISD. As an applicant herein, I release and hold Everman ISD, its agents, officers, employees and all other agencies harmless from any and all liability for damages of whatever kind or nature arising from the use of said information and waive any right I may have to the information secured.

The original of this release approval will be maintained within the District's files and copies of the original will be sent to the appropriate individuals and agencies as necessary.

CODE OF ETHICS FOR VOLUNTEERS

- I realize that being a volunteer for Everman ISD can help a student to attain his/her maximum educational potential as well as help and encourage all aspects of student growth.
- I will be responsible for arriving on time and be regular and consistent in attendance.
- I will encourage positive attitudes through sincere praise.
- I will be sensitive to procedures and student needs.
- I will be flexible in working with new ideas and materials.
- I agree to keep student information confidential. I will have respect for the confidential nature of school records, assignments and relationships between staff members and students.

Signature of Applicant

Date

***** Please, return completed application to the campus office.**

***** Include a copy of your ID or driver's license with the form.**

***** Application must be turned in seven days prior to the event you wish to participate in.**

HR Office Use Only	Meets district guidelines to volunteer: Yes _____ No _____ If "No" _____
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DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH)
APPLICANT or EMPLOYEE NAME (Please print)

verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(The copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

EVERMAN ISD

Agency Name (Please print)

Andrea Benitez

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please Check and initial each Applicable Space		
CCH Report Printed		
YES ____	NO ____	____ initial
Purpose of CCH: _____		
Hire ____	Not Hired ____	____ initial
Date Printed _____		____ initial
Destroyed Date _____		____ initial
Retain in your files		