

# La Joya Independent School District

Family and Community Engagement  
200 West Expressway 83  
La Joya, TX. 78560 (956)323-2696

Campus \_\_\_\_\_

## 2023-2024 School Volunteer Application

Name: \_\_\_\_\_  
Last First DOB

Address: \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Education: \_\_\_\_\_

Special Training: \_\_\_\_\_

Skills/Hobbies \_\_\_\_\_

Languages: \_\_\_\_\_

Activities/Organizations: \_\_\_\_\_

\_\_\_\_\_

- Area of Preference: Availability: AM \_\_\_\_ PM \_\_\_\_
- Reading Tutor \_\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_
  - Math Tutor \_\_\_\_\_
  - Special ED \_\_\_\_\_
  - Library \_\_\_\_\_ TB Test Yes \_\_\_\_ No \_\_\_\_
  - Music \_\_\_\_\_ If Yes, when? \_\_\_\_\_
  - ART \_\_\_\_\_
  - P.E. \_\_\_\_\_
  - Class \_\_\_\_\_
  - Computer Lab \_\_\_\_\_

### OFFICE USE ONLY

School: _____
Date: _____
Assignment: _____
Hours: _____
TB/X-ray: _____

### IN CASE OF EMERGENCY

Name: _____
Address: _____
Phone: _____

## La Joya Independent School District

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La Joya, TX. 78560  
(956)323-2696

Plantel: \_\_\_\_\_

### 2023-2024 Solicitud Para Voluntario

Nombre: \_\_\_\_\_  
Apellido \_\_\_\_\_ Primer Nombre \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_  
Dirección: \_\_\_\_\_ Código Postal: \_\_\_\_\_ Teléfono: \_\_\_\_\_  
Educación: \_\_\_\_\_  
Entrenamiento Especial: \_\_\_\_\_  
Habilidades/Aficiones: \_\_\_\_\_  
Actividades/Organizaciones: \_\_\_\_\_  
Idiomas: \_\_\_\_\_

#### AREA DE PREFERENCIA:

- Tutor de lectura
  - Tutor de Mathematica
  - Educación Especial
  - Asistente de Bibliotheca
  - Música
  - Arte
  - Asistente en Educación Física
  - Asistente de Kinder
  - Asistente de Primaria
  - Asistente de Secundaria
  - Asistente en la Oficina
  - Asistente en la Clase
- Disponibilidad: A.M. \_\_\_ P.M. \_\_\_  
lunes \_\_\_ martes \_\_\_ miércoles \_\_\_ jueves \_\_\_ viernes \_\_\_  
Examen de TB: si \_\_\_ no \_\_\_  
última fecha que fue aplicada \_\_\_\_\_

#### SÓLO PARA USO DE OFFICINA

School: _____
Date: _____
Assignment: _____
Hours: _____
TB/X-Ray: _____

#### EN CASO DE UNA EMERGENCIA

Nombre: _____
Dirección: _____
Teléfono: _____

**La Joya Independent School District**

200 W. Expressway 83  
La Joya, TX 78560  
Office (956) 323-2640

\_\_\_\_\_  
Consultant/Volunteer

\_\_\_\_\_  
Campus/Department

**CONSENT FORM**

I hereby give consent to the La Joya Independent School District to perform a Department of Public Safety (DPS) criminal history background check for the purpose of doing consultant and /or volunteer work for La Joya ISD. I understand that La Joya ISD is not permitted to share the criminal history information obtained from Department of Public Safety (DPS) with me, and that I may contact Department of Public Safety (DPS) for information and procedures to obtain my personal criminal history. I understand that La Joya ISD will maintain the confidentiality of my personal criminal history information and will destroy such information as required by law.

This information requested below is necessary to obtain criminal history record information as permitted by Texas Education Code Section §22.083. I understand that the age, sex, and ethnic information is required by the Texas Department of Public Safety, and will be used solely for the purpose of obtaining criminal history record information.

**Please print or type the following information**

Full Name _____	Social Security# _____
Address _____	
City _____	State _____ Zip Code _____
Ethnicity _____	Driver's License# _____ State _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____ Place of Birth _____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

08/03/2023