

**Dear Volunteer:**

**To provide for the safety of our students, and in accordance with the Texas Education Code, our district is requiring volunteers who work on our school campuses with students to have a criminal history check. If you would like to work on our campus as a volunteer or chaperone, please complete the information on the back of this sheet and return it to the school. Should any problem be reported on the criminal history record, the district would contact you by mail. If you only wish to participate at home as a home room parent, you may check that area and no criminal history check is required. If you have a child at another campus, you will be required to fill out an additional form. Thank you for your help.**

**Carthage Independent School District**

Rev: 5/20 ajw

**Carthage Independent School District**

## 2020 - 2021 Volunteer Application Form

\_\_\_\_\_ Parent Volunteer \_\_\_\_\_ Student Observer  
\_\_\_\_\_ Community Volunteer \_\_\_\_\_ Student Teacher  
\_\_\_\_\_ Other: \_\_\_\_\_

Please Print:

Volunteer's Name: \_\_\_\_\_  
Last First MI Maiden Any other name used

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Street Name and Number City State Zip Code

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_ SS Number: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

Student(s) Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

I would like to help:

\_\_\_\_\_ Hours per week \_\_\_\_\_ Hours per month

I would like to volunteer to help:

\_\_\_\_\_ In the classroom \_\_\_\_\_ Doing work at home

Time I am available to work:

\_\_\_\_\_ I am flexible, can work at any time

\_\_\_\_\_ I can only work on these days: \_\_\_\_\_

\_\_\_\_\_ I can only work during these hours: \_\_\_\_\_

\_\_\_\_\_ I cannot volunteer to help during these times: \_\_\_\_\_

Have you ever been arrested for, charged with, convicted of, or received deferred adjunction concerning any criminal charge? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

I understand that Carthage ISD will conduct a criminal history check for school volunteers as required by law and that if I do not meet background check requirements, I will not be able to volunteer on the CISD campuses. I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application.

\_\_\_\_\_

Signature

Date

**DPE Computerized Criminal History (CCH) Verification  
(AGENCY COPY)**

I, \_\_\_\_\_, have been notified that a Computerized Criminal  
*APPLICANT or EMPLOYEE NAME (Please Print)*  
History (CCH) 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 to be  
sent the agency listed below, and pay a fee of \$24.95 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.

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

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

Carthage Independent School District  
Agency Name (Please Print)

Adana Woods  
Agency Representative Name (Please Print)

\_\_\_\_\_  
Signature of Representative

<b>Please:</b>		
<b>Check and Initial each Applicable Space</b>		
CCH Report Printed:		
Yes _____	No _____	_____ Initial
Purpose of CCH: <u>Volunteer</u>		
Hire _____	Not Hired _____	_____ Initial
Date Printed: _____		
_____	_____	_____ Initial

\_\_\_\_\_

Date

Destroyed Date: \_\_\_\_\_ Initial

**Retain in your files**



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