

Big Spring Independent School District School Volunteer Enrollment Form



Please print the following information:

Parent/Guardian:

Student Name(s): _____	Telephone Number (Daytime) _____ (Evening) _____
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Address: Street/City/Zip _____

List the school(s) and grade level(s) for which you are interesting in volunteering.

What would you prefer (check one)

- Assisting only with my child's grade/class Assisting with any grade/class if needed

List the days you are available to volunteer

List the time of day you are available to volunteer

How often are you willing to volunteer: (Check one)

- Once a week More than once a week
 Once a month
 Other (Please explain) _____

The following is a general listing of some of the type of volunteer opportunities that are available in the School District. Please check the opportunities that are of interest to you.

- | | |
|--|---|
| <input type="checkbox"/> Tutoring children | <input type="checkbox"/> Before and/or After School Programs
(Please specify) _____ |
| <input type="checkbox"/> Clerical (e.g.) filing, typing, record keeping, computer assistance | <input type="checkbox"/> Special Skills or Talents (List those you have and are willing to contribute-e.g. music, artistic, leadership, group supervision, fundraising, technology, career day presenter or special experiences.
_____ |
| <input type="checkbox"/> Classrooms (e.g.) assisting groups of students; field trips; creating/managing instructional materials) | <input type="checkbox"/> General school (e.g. organizing, supervising or managing school activities, events or programs) |

Other ways I could help

Big Spring ISD is required by state law to obtain background/criminal history information. (Texas Education Code §22.08.) I understand that the provided birthdate, social security number, driver's license number and state issuing the driver's license is required information that will be used to obtain a record of my background/criminal history information.

Social Security Number _____ Date of Birth _____
 Driver License Number _____ State Issuing Driver's License _____

As a volunteer working in the school district, I understand that this a volunteer position that entitles me to no pay or wages from the district for my services. I understand that this volunteer agreement can be ended without notice at any time by either the school district or me.

Volunteer's Signature _____ Date _____

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal 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 identification I supply.
(APPLICANT or EMPLOYEE NAME (Please print))

Because the name based information is not an exact search and only fingerprinting 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 to 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 MorphoTrust USA, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, MorphoTrust USA.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprinting 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

Big Spring Independent School District _____
Agency Name

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 ___ Nor Hired ___ ___ Initial
Date Printed _____ ___ Initial
Retain in your files