

Volunteer Program Application Form 2024-2025

PERSONAL DATA

China Spring ISD does not discriminate on the basis of sex, disability race, color, age or national origin in its educational programs, activities, or employment as required by Title IX, Section 504 and Title VI.

Receipt for Criminal Background Policy Volunteers & the Volunteer Handbook

(located on CSISD website

www.chinaspringisd.net under the parent link)

2024-2025

Name _____

Campus/department _____

I hereby acknowledge receipt (online) of my personal copy of the China Spring ISD Criminal Background Policy for Employees and Volunteers and the Volunteer Handbook. I agree to read this policy and handbook and will abide by the standards, policies, and procedures defined or referenced in these documents.

The information in these documents is subject to change. I understand that changes in district policies may supersede, modify, or eliminate the information summarized in this publication. As the district provides updated policy information, I accept responsibility for reading and abiding by the changes.

I understand that no modifications to contractual relationships or alterations of at-will employment relationships are intended by this handbook.

I understand that I have an obligation to inform the central business office of any changes in personal information, such as phone number, address, etc. I also accept responsibility for contacting my campus principal/supervisor or the central business office if I have questions or concerns or need further explanation.

Signature

Date

Note:

Employees - Secretaries will submit all completed and signed copies to the central business office.

Volunteers - Sign, date and return this form with the Criminal Background Authorization Form, current government issued photo ID & the Volunteer Application Form to your campus office. Campus will send to the central business office.

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

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

Date

China Spring I.S.D.

Agency Name (Please print)

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: _____

Empl _____ Vol/Contractor _____ initial

Date Printed: _____ initial

Destroyed Date: _____ initial

Retain in your files