#### **China Spring Independent School District**

## Volunteer Program Application Form 2024-2025

(Please print clearly or type	)	-		
PERSONAL DATA	_			
NameLast				
Last Home Mailing	First		Middle	Maiden/other
•				
Address Street		City		Zip
Home Phone	Cell		Work	
**Email Address				
**Email Address  ** We will email you once you ar	e approved to volu	nteer so please v	<u>vrite legibly.</u>	
Your Child(s) Name				
Name		Grade	Teacher's Name	
Experience working with children:				
Years of Volunteer service to CSISD (incl  TYPE OF VOLUNTEER SERVICE	,			
Assist with art activities	Room Mo	ther		Campus Greeter
Math Tutor	Assistant	Assistant Room Mother		Office help
Classroom Assistant	Lunch Room Monitor			Library Assistant
Mentor	Band Assi	Band Assistant		Choir Assistant
Dance Assistant	Cheerlead	Cheerleader Assistant		Music Class Assistant
Theatre Arts Assistant	UIL Assistant		Watchdog	
Field Trip Chaperone (* MUST	Thave prior approva	of trip sponsor)		ŭ
Other			are in classroom	
Please indicate the days and hours you c	an serve:			
PERSON(S) TO CONTACT IN CASE OF	AN EMERGENCY (List	name and contact nu	mber):	
As a prospective volunteer, I agree to cor for Volunteers, and the district policy for co				
I agree that information changes and I un Department, as needed at 254-836-1115.		sibility to update conta	act information at the cen	tral administration office, HR
I understand according to CSISD policy, v	volunteers are required to	o complete a new Vol	unteer Application and ba	ackground check consent each school
year. Per state mandated red				•
drivers' license with my app			,	
anvoid nooned with my app	<del>Jiioutioiii</del>			

**VOLUNTEER SIGNATURE** 

PLEASE RETURN VOLUNTEER APPLICATION FORM TO THE SCHOOL OFFICE or EMAIL TO kwarner@chinaspringisd.net

**CAMPUS** 

DATE

# Receipt for Criminal Background Policy Volunteers & the Volunteer Handbook (located on CSISD website www.chinaspringisd.net under the parent link)

### 2024-2025

Name	<u> </u>
Campus/department	
Policy for Employees and Volunteers and the	personal copy of the China Spring ISD Criminal Background e Volunteer Handbook. I agree to read this policy and handbook procedures defined or referenced in these documents.
supersede, modify, or eliminate the informati	et to change. I understand that changes in district policies may ion summarized in this publication. As the district provides ibility for reading and abiding by the changes.
I understand that no modifications to contrac relationships are intended by this handbook.	tual relationships or alterations of at-will employment
information, such as phone number, address,	rm the central business office of any changes in personal etc. I also accept responsibility for contacting my campus ffice if I have questions or concerns or need further explanation
Signature	Date
Note:	
Employees - Secretaries will submit all complete	ed and signed copies to the central business office.
	the Criminal Background Authorization Form, current government rm to your campus office. Campus will send to the central business

### **DPS Computerized Criminal History (CCH) Verification**

(AGENCY COPY)

I,, ackno	, 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	n me any CHRI obtained using the name and				
DOB method. The agency may request that I also have	e a fingerprint search performed to clear any				
misidentification based on the result of the <u>name and DOB</u> 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 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)					
Circular of Applicant or Freedom (applicant)					
Signature of Applicant or Employee (optional)	Please: Check and Initial each Applicable Space				
Date	CCH Report Printed:				
China Spring I.S.D.	YES NO initial				
Agency Name (Please print)	Purpose of CCH:				
Agency Representative Name (Please print)	Empl Vol/Contractor initial				
	Date Printed: initial				
Signature of Agency Representative	Destroyed Date: initial				
	Retain in your files				
Date					

Rev. 09/2015