

# Volunteer Program Application Form 2025-2026

**(Please print clearly or type)**

## PERSONAL DATA

Name \_\_\_\_\_  
Last First Middle Maiden/other  
Home Mailing Address \_\_\_\_\_  
Street City Zip  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

\*\*Email Address \_\_\_\_\_

**\*\* We will email you once you are approved to volunteer so please write legibly.**

Your Child(s) Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Experience working with children: \_\_\_\_\_

Years of Volunteer service to CSISD (including this year) \_\_\_\_\_

## TYPE OF VOLUNTEER SERVICE PREFERRED **(Circle all that apply):**

Assist with art activities	Room Mother	Campus Greeter
Math Tutor	Assistant Room Mother	Office help
Classroom Assistant	Lunch Room Monitor	Library Assistant
Mentor	Band Assistant	Choir Assistant
Dance Assistant	Cheerleader Assistant	Music Class Assistant
Theatre Arts Assistant	UIL Assistant	Watchdog
Field Trip Chaperone (* MUST have prior approval of trip sponsor)		

Other \_\_\_\_\_ Special expertise to share in classroom \_\_\_\_\_

Please indicate the days and hours you can serve: \_\_\_\_\_

PERSON(S) TO CONTACT IN CASE OF AN EMERGENCY (List name and contact number): \_\_\_\_\_

As a prospective volunteer, I agree to conform to the policies and rules of China Spring ISD. I have read both the Guidelines for Volunteers, the Code for Volunteers, and the district policy for criminal background checks in the handbook, and agree to uphold these principles in my volunteer work.

I agree that information changes and I understand it is my responsibility to update contact information at the central administration office, HR Department, as needed at 254-836-1115.

I understand according to CSISD policy, volunteers are required to complete a new Volunteer Application and background check consent each school year.

**Per state mandated requirements I have included a valid, current government issued photo ID or drivers' license with my application.**

VOLUNTEER SIGNATURE

CAMPUS

DATE

**PLEASE RETURN VOLUNTEER APPLICATION FORM TO THE SCHOOL OFFICE or EMAIL TO [kwarner@chinaspringisd.net](mailto:kwarner@chinaspringisd.net)**

# Receipt for Criminal Background Policy Volunteers & the Volunteer Handbook

(located on CSISD website

[www.chinaspringisd.net](http://www.chinaspringisd.net) under the parent link)

## 2025-2026

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/ReviewofPersonalCriminalHistory) 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

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

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

\_\_\_\_\_  
Date

<b>Please:</b> <b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ____ Vol/Contractor ____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	