



UNITED INDEPENDENT SCHOOL DISTRICT

New Parent Volunteer Checklist

Prospective volunteers shall fill out an application packet provided by the district.
Below is the checklist to insure that your packet is complete.
Turn in your application packet to your child's campus.

_____ **Form 1** Check List

_____ **Form 2** Volunteer Application completed and signed by the Principal and Applicant.

_____ **Form 3** Criminal History Record Information Authorization must be complete and questions must be answered YES or No. This form will be processed by the Human Resource Department. Criminal Background checks from local law enforcement agencies are NOT acceptable.

_____ **Form 4** Computerized Criminal History Verification form must be signed and dated.

_____ **Form 5** Certificate of examination of volunteer for Tuberculosis that discloses the results of the test must be turned in for new applicants.

Copy of Identification such as a drivers license, passport or Texas ID

Please Note:

1. TB test is required
2. Application processing will be approximately 7 work days from the date of receipt at the Office of Admissions and Family Services.
3. NEW UISD Employees are required to submit a current application and a copy of the current school year United I.S.D. picture tag for annual renewal.

For more information contact your Campus Parent Volunteer Coordinator.



UNITED INDEPENDENT SCHOOL DISTRICT

201 Lindenwood Dr. – 956.473.8772 – FAX: 956.473.6442

NEW PARENT VOLUNTEER APPLICATION School Year 2019- 2020

B- _____
#- _____

Office Use Only

PLEASE PRINT IN BLACK OR BLUE INK ONLY

Name _____ Last 4 digits of S.S.# _____
Last First Middle Initial

Other name which may appear on Official Records _____

Permanent Address _____
Street/Box City State Zip Code

Phone # _____ Email _____

Check area(s) for which you are volunteering: Coaching Field Trips Chaperone Other _____

If you are a **NEW** applicant a current TB test is required. Date of current TB test or Chest X-ray ___/___/___

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. ANY FALSIFICATION OF THESE RECORDS WILL BE SUFFICIENT CAUSE FOR DISQUALIFICATION. Furthermore, it is understood that this application becomes the property of the United I.S.D., which reserves the right to accept or reject it. References and personal information which becomes a part of this record are to be regarded as confidential and shall not be revealed to me.

* I understand that USD has 7 business days to process this application, from receiving date, at Office of Admissions.

_____/_____/_____
Applicant Signature (Date)

Campus: _____ Signature of Principal _____/_____/_____

Campus: _____ Signature of Principal _____/_____/_____

Campus: _____ Signature of Principal _____/_____/_____

FOR DEPARTMENT USE ONLY

<p>School / Parent Volunteer Application</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>_____ Coordinator Date</p>	<p>Criminal History Record</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>_____ Print Signature Date</p>
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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 information I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment 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 Signature and date required for processing	_____ Date
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FOR DEPARTMENT USE ONLY

United 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: _____	
Hire	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

**UNITED INDEPENDENT SCHOOL DISTRICT
 CERTIFICATE OF EXAMINATION OF SCHOOL PERSONNEL/VOLUNTEERS
 FOR TUBERCULOSIS
 HEALTH SERVICES DEPARTMENT**

CAMPUS/DEPT _____

THIS IS TO CERTIFY THAT _____
 NAME (LAST) (FIRST) (MIDDLE)

ADDRESS _____ TELEPHONE _____

RECEIVED A TUBERCULIN TEST: PPD TINE
 _____ DATE RESULT: 0MM __MM RESULT: NEGATIVE REACTION POSTIVE REACTION

 Print Physician's Name Physician's Signature Required

Please provide stamp of agency for authentication

THIS PORTION FOR CHEST X-RAY ONLY:

RESULTS: NORMAL CHEST FINDING NOT DONE
 ABNORMAL CHEST FINDING

AND WAS FOUND TO _____ ACTIVE TUBERCULOSIS.
 (be free of) or (have)

PHYSICIAN RECOMMENDATION:

DATE: _____ SIGNATURE OR STAMP _____

 TEXAS MD-DO LICENSE NO# _____

In order to comply with Texas Law (VTCS 4477-12, Sec 5), the examination must be completed and the certificate with results must Be furnished to the governing board of the public school prior to the commencement of the individual's duties.