



# UNITED INDEPENDENT SCHOOL DISTRICT

## 2019-2020 Returning Parent Volunteer Checklist

### NOTE:

Returning volunteers shall fill out a criminal history form provided by the district.

Turn in your form and copy of ID to your child's campus or 201 Lindenwood Dr. Portable #7.

**Black or Blue Ink only.**

### FOR RETURNING PARENTS:

\_\_\_\_\_ DPS Computerized Criminal History Verification form must be complete, which includes *printed name, signature, campus location (s) and date.*

\_\_\_\_\_ Include a **copy** of identification such as a driver's license, passport, Texas ID, **on this copy write in your current address and phone number.**

### FOR UISD Employees:

\_\_\_\_\_ UISD Employees only need to submit a copy of their 2019-2020 employee ID, *on this same copy*, include your **current address**, your **phone #** and **campus locations** where you would like to volunteer. **NO OTHER PARENT VOLUNTEER FORMS ARE NEEDED.**

**For more information contact your Campus Parent Volunteer Coordinator.**

# 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.

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)**

_____ <b>Signature of Applicant or Employee</b>	_____ <b>Campus Location(s)</b>	_____ <b>Date</b>
<b>Signature and date required for processing</b>		

**FOR DEPARTMENT USE ONLY**

\_\_\_\_\_ **United I.S.D.**  
 Agency Name (Please print)

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

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

\_\_\_\_\_   
 Date

<b>Please:                  Check and Initial each Applicable Space</b>	
CCH Report Printed:	YES <input type="checkbox"/> NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	Hire <input type="checkbox"/> Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	