

**LITTLE CYPRESS-MAURICEVILLE CISD  
2018 – 2019 Volunteer Background Check Permission Form**

*Please complete this form if you plan to volunteer in any capacity during the year; including field trip chaperone, class parties, weekly classroom volunteer, or any other volunteer position.*

**CONFIDENTIAL**

In an effort to provide the safest possible environment for our students, the Little Cypress-Mauriceville Consolidated Independent School District obtains criminal history information on each prospective volunteer annually. The information requested below is necessary for this safeguard and will be held strictly confidential.

**Please PRINT**

1. Full Name: \_\_\_\_\_  

Volunteer Name	Last	First	Middle
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  2. If you have completed this form for another of your children for the 2018-2019 school year, please skip lines 3 - 7 and sign your name on the signature line below.
  3. Social Security Number: \_\_\_\_\_
  4. Date of Birth: \_\_\_\_\_ Sex: Male  Female
  5. Ethnicity: Black  White  Hispanic  Asian  Other
  6. Campus(es) where you will serve: \_\_\_\_\_
  7. I am a: Parent Grandparent Business/IndustryVolunteer Community Member Other
- Please check all that apply:**

I understand the information I am providing about age, sex and ethnicity will be used solely for the purpose of obtaining criminal history record information.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Child(ren)'s Name(s) and Campus(es)

If you have questions or need additional information, please contact your child's campus.

MVE	LCE	LCI	LCJH	MMS	LCMHS
409-745-1615	409-883-2838	409-886-4245	409-883-2317	409-745-3970	409-886-5821