# LIBERTY-EYLAU INDEPENDENT SCHOOL DISTRICT
# VOLUNTEER APPLICATION FORM

**Name: _____**

**Mailing Address: _____City:_____State:_____**

**Home Phone: _____Cell Phone: _____**

**E-Mail Address: _____**

**Current Employer: _____Work Phone: _____**

**In Case of Emergency, please notify: _____Phone: _____**

**I AM THE: _____Parent of: Name Grade/Teacher/School**

**_____Grandparent of: _____**

**_____ _____ of: _____**

**_____**

**I AM A: _____ Senior Citizen**

**_____ High School/Middle School Student – Grade _____**

**_____ Community Member (Associated with _____)**

**I AM INTERESTED IN VOLUNTEERING IN THE FOLLOWING AREAS:**

| | | |
|---|---|---|
| **____ Classroom Asst.** | **____ Tutoring** | **____ GT Mentor** |
| **____ Field Trips** | **____ Room Parent** | **____ Room Parent** |
| **____ Library/Book Fair** | **____ Picture Day Helper** | **____ Lunch Buddy** |
| **____ Reading** | **____ Teacher Appreciation** | **____ PTA** |

**____ Other: _____**

**DAYS OF AVAILABILITY: ____Mon ____Tues ____Wed ____Thurs ____Fri ____Weekend**

**TIME OF AVAILABILITY: ____Morning ____Afternoon ____Evening ____Other _____**

**CAMPUS PREFERENCE:**

**____PRE-K ____PRIMARY ____ELEMENTARY _____MS _____HS _____SOS**

**Others: _____**

**PLEASE COMPLETE THE BACKSIDE OF THIS APPLICATION AND RETURN TO ANY CAMPUS OFFICE OR TO THE ADMINISTRATION OFFICE AT 2901 LEOPARD DRIVE, TEXARKANA, TEXAS 75501**

# SCHOOL DISTRICT
# CRIMINAL HISTORY AUTHORIZATION

**Texas Education Code 22.083 authorizes a school district to obtain the criminal history of every applicant for employment or volunteer services with the school district. Therefore, as a part of your application process, you need to complete the following questions.**

**LAST NAME: _____FIRST NAME: _____MI: _____**

**CURRENT ADDRESS: _____**

**CITY: _____STATE: _____ZIP: _____**

**SOC SEC NO.: _____DOB: (MM/DD/YYYY):_____**

**SEX: MALE _____ FEMALE _____ RACE: WH_____BLK_____HISP_____OTH_____**

**DRIVERS LICENSE NO:_____DL STATE:_____**

---

**For each residence in the last years, list the city, state, applicable dates and applicable last names.**

**CITY_____STATE_____FROM_____TO_____LAST NAME_____**
**CITY_____STATE_____FROM_____TO_____LAST NAME_____**
**CITY_____STATE_____FROM_____TO_____LAST NAME_____**
**CITY_____STATE_____FROM_____TO_____LAST NAME_____**
**CITY_____STATE_____FROM_____TO_____LAST NAME_____**

---

**HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE: YES_____NO_____**
**IF YES, PLEASE INDICATE THE LOCATION, LAST NAME AT TIME OF ARREST, AND YEAR. MORE FACTS MAY NEED TO BE DISCUSSED LATER.**

| LOCATION: CITY/STATE | OFFENSE | LAST NAME | YEAR |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**I hereby authorize Liberty-Eylau ISD to use the information I am providing herein to obtain criminal history information concerning me. This authorization does not authorize the release or publication of credit information. I understand that the information I am providing about age, sex, and ethnicity will be used solely for the purpose of obtaining criminal history information.**

**Signature of Applicant _____Date _____**

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal History (CCH)

APPLICANT or EMPLOYEE NAME (Please print)

check will be performed by assessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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 called 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 $24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for Future DPS Audits)**

_____
Signature of Applicant or Employee

_____
Date

_____
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: _____

Empl_____ Vol/Contractor_____ _____initial

Date Printed:_____ _____initial

Destroyed Date:_____ _____initial

**Retain in your files**

Rev. 09/2013