

# VERNON INDEPENDENT SCHOOL DISTRICT

1713 Wilbarger Street

Vernon, Texas 76384

## Application for School Volunteer Program

We consider applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability, or any legally protected status.

An equal Opportunity Employer

### Personnel Data

Date of Application \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle Initial

Current Address \_\_\_\_\_

Street/Box

City

State

Zip

Other Address where you may be reached \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

### Position: School Volunteer

Date you can begin the volunteer program \_\_\_\_\_

Days of the week you will be available to volunteer \_\_\_\_\_

Hours of day available to volunteer \_\_\_\_\_

### Special Skills/Areas

List specific skills and any machines or equipment you can operate.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Check the specific areas in which you would prefer to volunteer

1. Library     2. Office     3. Cafeteria     4. Playground  
 5. P.E.     6. Reading/Listening to student read     7. Tutoring Student  
 8. Classroom (math, science, social studies, reading, language arts, music, art)  
 9. Other \_\_\_\_\_

### Education/Training

Check the highest level of education attained:

- Not a high school graduate     High School graduate  
 GED     Less than two years college  
 Bachelor's degree     Two or more years of college  
 Master's degree     Other training or education \_\_\_\_\_

Licenses and certificates held \_\_\_\_\_

### Verification

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsification, misrepresentations, or omissions of fact may be grounds for rejection of my application.

I understand that the district may obtain criminal history record information on applicants selected for the volunteer program as authorized by Texas Education Code Section 22.083.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for a period not to exceed the end of the school year in which it was received.

CRIMINAL HISTORY RECORD INFORMATION REQUEST

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Confidential\*

The Vernon Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name \_\_\_\_\_  
*Last First Middle*

Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_

Driver's License \_\_\_\_\_  
*State and Number*

Mailing Address \_\_\_\_\_  
*Street City State Zip*

Telephone Number \_\_\_\_\_  
*Area Code and Number*

Sex:  Male  Female

Ethnicity:  Black  White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* This form will be removed from the application and filed separately in the HR office.

# 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 identifiers 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 conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

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 make an appointment with the DPS FAST program, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95.

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

\_\_\_\_\_  
Date

Vernon Independent School District  
Agency Name (Please print)

Valerie Dillard  
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: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	