

VAN ISD
VOLUNTEER APPLICATION FORM

PERSONAL DATA

(Please print or type)

Name: _____

Home Mailing Address: _____

Street, City, Zip: _____

Phone: _____

Your Child's Name: _____

Grade: _____ Teacher's Name: _____

Grade: _____ Teacher's Name: _____

Grade: _____ Teacher's Name: _____

Campus where you are willing to volunteer: J.E. Rhodes Elem Van Intermediate
 Van Middle School Van Junior High Van High School

Please indicate the days and hours you can serve:

Monday Tuesday Wednesday Thursday Friday AM PM

TYPE OF VOLUNTEER SERVICE PREFERRED:

- Chaperone Room mother
- Listen to students read Read aloud to students
- Playground aide Lunch room aide Library aide
- Clerical Classroom participation
- Field Day Assist in special education Other: _____

PLEASE COMPLETE VOLUNTEER FORM AND ATTACHED CRIMINAL HISTORY FORMS. RETURN ALL FORMS TO THE HUMAN RESOURCES OFFICE LOCATED AT THE VAN ISD ADMINISTRATION BLDG. ONCE APPROVED ALL VOLUNTEERS MUST BE ISSUED A SECURITY BADGE FROM HR BEFORE BEING ALLOWED TO VOLUNTEER. YOUR SCHOOL OFFICE WILL ALSO BE NOTIFIED ONCE YOU ARE APPROVED.

VOLUNTEER SIGNATURE: _____ **DATE:** _____

CRIMINAL HISTORY INFORMATION REQUEST

Confidential*

The Van Independent School District is authorized by Texas Education Code 22.083, to obtain criminal history record information on persons the District intends to employ. 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

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

CCH Report Printed: Yes _____ No _____ _____ Initial
Purpose of CCH: _____
Hired: _____ Not Hired: _____
Date Printed: ____/____/____ Destroyed Date: ____/____/____
Van ISD Representative: _____

* 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 L1 Enrollment Services, 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 to the fingerprinting services company, L1 Enrollment 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

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

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	

Date 7 |