



**Volunteer Consent & Disclosure Form
(Confidential)**

Per MISD Board Policy GKG (LEGAL), a volunteer may not perform any volunteer duties until:

- 1. The volunteer has **provided to the District a driver's license** or another form of identification containing the person's photograph issued by an entity of the United States government, and
- 2. The District has obtained from the Texas Department of Public Safety (DPS) all **criminal history record information** that relates to the volunteer.

The campus shall inform volunteers when their services are to begin, **which will not occur until the individual's criminal history record has been reviewed and approved.**

PLEASE PRINT CLEARLY:

Full Name: _____
Last First Middle

E-mail Address: _____

Address: _____
Street

City State

Zip Code

Date of Birth: _____
MM/DD/YYYY

Female _____ Male _____ Ethnicity: _____

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 for my service as a volunteer for the District.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the reporting agency: **J.D. Palatine, LLC, 8953 Harmony Drive, Pittsburgh, PA 15237**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative report(s); and the recipients of any reports on me which the agency has previously furnished within one year for other purposes preceding my request.

I hereby consent to your obtaining the above information from the agency; and I agree that such information which the agency has or obtains, may be supplied by you to the agency for release to other companies which subscribe to the agency's services.

Signature

Date

Name of Campus: _____ (REQUIRED)

(MISD Revised 4/04/2016)