



Kilgore Independent School District Bulldog Volunteer Application

School Year : _____

Name: _____ **Driver's License:** _____
 First **M.I.** **Last**

Current Address: (No PO Boxes) _____
 Street **City** **State** **Zip**

Phone Number: _____ **E-Mail:** _____

Emergency Contact: (Name & Number) _____
 Name **Phone#**

Campus (√ All that apply): __KPS (PK-1) __CES (2-3) __KIS (4-5) __KMS (6-8) __KHS (9-12)

Days you can Volunteer	Monday	Tuesday	Wednesday	Thursday	Friday
Times you can Volunteer	Any Time	Morning	Afternoon	Evening	

Areas of Interest: (√ All that apply):

All	PTA	Watch D.O.G.S.	Office/Clerical
Reading	Junior Achievement	Mentoring	Vision/Hearing Screen
Library	Boosters Clubs	HOSTS	

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by Kilgore Independent School District. I authorize the individual or organization named in this application to provide Kilgore Independent School District (its employees, agents, or representatives) with any relevant information that may be required to arrive at a volunteer placement decision and hereby release any such individuals or organizations from any and all liability, which they might otherwise incur as a result. I understand that any misrepresentation or omission of material fact on this application may be justification for refusal for placement. I have read the Volunteer Acknowledgement and this statement and accept the same as a condition of my placement with Kilgore Independent School District.

If you agree to the terms of the Volunteer Acknowledgement, please indicate by signing and dating below.

Signature of Applicant

Date



Kilgore ISD Confidentiality Agreement

All Volunteers, Student Interns, Student Teachers, Student Observers, and Independent Observers

Students in the Kilgore School District have the right to expect that information about them will be kept confidential by ALL employees, volunteers, observers, and independent observers. All things seen and heard at KISD about children and their families are to be considered privileged information.

As a participant in the KISD volunteer/student/observer program, you may have access to student information that is not to be shared or discussed with anyone other than designated personnel. You may not discuss a child even with that child's parents/guardians; nor are you to contact parents/guardians regarding behavior or performance of students. You must always refer any questions regarding students to the student's teacher or campus principal. A misplaced comment can be devastating to a student, family, and the volunteer/student/observer program. Be sure that you take your responsibilities seriously as a member of the educational team.

Before beginning service as a volunteer/student/observer at KISD, it is required that you acknowledge your intent to fulfill this responsibility by endorsing the statement below:

1. I will not discuss or answer questions with others, when serving as a volunteer/student/observer or when no longer in a volunteer/observer role, the content of any confidential student information which was learned in the course of or because of my role with KISD. Exceptions to this role include my ability to discuss student information with designated staff members and/or as authorized by administration.
2. The confidentiality of student information shall include, but not limited to, these topics:
 - a. Academic standing, including student grades and test scores;
 - b. Attendance;
 - c. Financial status;
 - d. Physical/mental health identity and history;
 - e. Disciplinary status/records.
3. As a participant in KISD's program, I understand that that I am not authorized to examine, release or comment on student records/information unless expressly authorized by school official in accordance with applicable law.
4. I understand that if there is a violation of these guidelines, it may constitute cause for termination of my volunteer/student/observer services. The Superintendent of designee is responsible for decisions concerning continuation or discontinuance of a volunteer/student/observer's activities.

By signing, I acknowledge that I have read, understand and will comply with the Confidentiality Statement above for Kilgore ISD.

Name of Applicant (Please Print)

Date

Signature of Applicant

Signature of Administrator

Date

DPS Computerized Criminal History (CCH) Verification

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 information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 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 of Birth

_____/_____/_____
Today's Date

Kilgore Independent School District
Agency Name

Agency Representative (Please print)

Signature of Agency Representative

_____/_____/_____
Date

For Office Use ONLY

CCH Report Printed:

Yes _____ NO _____ initial _____

Purpose of CCH: _____

Hired _____ Not Hired _____ initial _____

Date Printed: ____/____/____ initial _____

Destroyed Date: ____/____/____ initial _____

Retain in your files