



Sanger ISD Volunteer Registration Form

Name: _____
Last First Middle Initial

Address: _____

Home Phone Number _____ Cell _____

Email: _____

Are you a registered substitute teacher within the district? Yes/No

Campuses and/or events are you registering to volunteer at? (Circle all that apply)

CTE/CCI/BES/6GC/SMS/SHS/LTHS/TFP Day Care/COOP

In which department/area are you seeking to be an assigned volunteer?

Band/Field Day/Boat Captain/UNT Intern/Field Trip/Choir/Dance/PTO Campus

Work/Tutoring/Mentor/Educator Student Observer

In agreement with Sanger ISD volunteer policy a background check will be performed every year. All registered volunteers **must scan their driver's license before entering on to campus.** Please fully complete both application forms and return to your campus office. Incomplete forms will not be processed.

Spouses Name: _____
Last First Middle Initial

Spouse's Contact Number: _____

If YOU are injured who we should contact: Name _____

Phone #: _____ Denton Hospital Preference: _____

If you have children in the district, please provide their name, campus and teacher below:

Children's Name Teacher Campus

Children's Name Teacher Campus

Children's Name Teacher Campus

For District Use Only

Date: _____

Approved/ Denied

Signature: _____

Sanger Independent School District

Personnel Information / Criminal History Release Form

This form will be removed from the application and filed separately in the Personnel Office. Please complete ALL blanks.

Name _____

Address _____ City _____ State _____ Zip _____

Phone # (Home) _____ (Cell) _____

Date of Birth _____

Driver's License # _____ Driver's License State _____

Sex: Male Female

Ethnicity: ____ American Indian ____ Asian ____ Black, Non-Hispanic

 ____ Hispanic ____ White, Non-Hispanic

Application for: *(please check one)* ____ Certified Teacher ____ Auxiliary ____ Substitute

 ____ Student Teacher ____ Volunteer

Please Read and Sign Below

I hereby give Sanger Independent School District written permission by and through this release for to obtain from any Law Enforcement or Criminal Justice Agency all criminal history record information that relates to me. (As per Texas Education Code* 22.083)

It is understood that the information shall be treated confidentially and used only to evaluate my application to work in the Sanger Independent School District. As an applicant herein, I shall hold SISD and all others agencies harmless from the use of said information and waive any right I may have to the secured information.

I understand that the original of this release approval will be maintained with the Districts files.

Applicant Signature _____ Date _____

For District Use only

Date Received in Personnel Office: _____ Date Processed: _____

Date Results received and verified by: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE (Please print)

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.

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 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 MorphoTrustUSA, 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, MorphoTrustUSA.

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

Sanger ISD

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	Volunteer _____
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/> _____ initial
Date _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	