

# Partners on Patrol



**Purpose:** The Partners on Patrol program exists to enhance building security and school safety efforts through the use of volunteers who will check exterior doors to ensure they are locked and latched, conduct inspections of school grounds and playground areas, and monitor entrances to buildings. Volunteers who are assigned at the end of the day may be asked to assist at crosswalks.

Partners on Patrol are **NOT** armed and are not allowed to carry weapons in school buildings.

**Who?** Volunteer parents, guardians, family, and active or retired law-enforcement, military or first responder community members over the age of 21 who are able to pass a criminal background check.

**When?** The campus will develop a schedule for which volunteers can sign up. Typically, a volunteer will sign up for a one to two-hour shift. High priority times are during student drop off, lunch and recess time, and end of day pick-up, but other times of the day may be available.

**How?** Complete the attached application and criminal history background check authorization form and submit them to the campus office of the school at which you would like to volunteer.

Volunteers are required to complete a one-hour training on school safety procedures and job responsibilities before working on campus.

# PARTNERS ON PATROL

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: Same as Above

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Are you retired or former law-enforcement, military or first responder? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain: \_\_\_\_\_

Elementary Campus/s on which you would like to volunteer: \_\_\_\_\_

What is your affiliation with that/those campuses: \_\_\_\_\_

What days and hours are you available to volunteer: \_\_\_\_\_

### Confidentiality Agreement

I understand that while I am volunteering as a Partner on Patrol, I may directly or indirectly gain information or knowledge about students or staff members that is personal and confidential in nature. I will also become knowledgeable about campus safety and security protocols and procedures that should not be shared with the general public.

I agree to hold information about students, staff members, and campus safety protocols and procedures in the strictest confidence.

Signature: \_\_\_\_\_

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.dps.texas.gov/Crime Records Information/Review of Personal Criminal History](http://www.dps.texas.gov/Crime%20Records%20Information/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

Kerrville ISD  
\_\_\_\_\_  
Agency Name (Please print)

Sarah Kraatz  
\_\_\_\_\_  
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: _____	
Empl ____	Vol/Contractor ____      ____ initial
Date Printed: _____	____ initial
Destroyed Date: _____	____ initial
<b>Retain in your files</b>	

