

# Mentor/Volunteer Application

REMINDER: Please write legibly. Fill out all forms completely and in blue or black ink.

***\*\*Please include a copy of your Driver's License\*\****

## Personal Information:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Do you speak a foreign Language? No/Yes If so, what Language(s): \_\_\_\_\_

## Employment:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

## References:

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

Relationship: (circle one) Family Friend Work Associate Neighbor

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

Relationship: (circle one) Family Friend Work Associate Neighbor

<u>Student</u>	<u>Teacher</u>	<u>Grade</u>

## MENTOR/VOLUNTEER HISTORY:

Have you ever been a mentor or volunteered with children? Yes/No  
If so, where?

---

---

I agree to abide by the rules stated in the Mentor/Volunteer Handbook. I understand that my position as a volunteer is contingent upon the completion of a criminal background check as required by Sabine ISD policies and procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# DPS Computerized Criminal History (CCH) Verification Sabine ISD – Mentor and/or Volunteer

I, \_\_\_\_\_, acknowledge that a Computerized Criminal  
(Please print)

APPLICANT or EMPLOYEE NAME 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.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) 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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**SABINE ISD (Revised 2/14/20)**

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

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ Initial
Purpose of CCH: _____	
Hired _____ Not Hired _____	_____ Initial
Date Printed: _____/_____/_____	_____ Initial
Destroyed Date: _____/_____/_____	_____ Initial
<b>Retain in your files</b>	



## SABINE INDEPENDENT SCHOOL DISTRICT

5424 FM 1252 W ♦ GLADEWATER, TEXAS 75647

903-984-8564 ♦ Web Site: www.sabineisd.org

### BACKGROUND / CRIMINAL HISTORY INFO

Mentor - Volunteer - Watch Dog

#### Confidential

The Sabine Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

*Please print.*

Name \_\_\_\_\_  
*Last First Middle*

Date of birth \_\_\_\_\_ Email: \_\_\_\_\_

Add'l Last Names (Maiden, previous married names – if applicable):

\_\_\_\_\_

Driver's License \_\_\_\_\_

*State and Number – Please attach a copy of your driver's license*

Mailing Address \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

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

\_\_\_\_\_

\*This form will be removed from the application and filed separately in the HR office.