



SANTA ROSA INDEPENDENT SCHOOL DISTRICT

P.O Box 368, Santa Rosa, Texas 78593
(956) 636-9800 ext. 101 Fax: (956) 636-1439

We consider for all positions without regard to race, color, national origin, age, religion, gender, marital status, veteran or military status, the presence of a medical condition, disability, or any other legally protected status.

Please provide a copy of your Driver's License or I.D. Card

VOLUNTEER APPLICATION

An Equal Opportunity

PERSONAL DATA

Date of Application _____ *Social Security Number _____

Name _____
Last First Middle

Current Address _____
Street Box City State Zip

Other Address where you may be reached _____

Cell Phone: _____ Home Phone: _____

Other names that may appear on records: _____
(Used only for reference checks)

"Providing your Social Security number allows the district to verify your certification. Disclosure is optional."

POSITION DATA

List the campus/department where you would like to volunteer: _____

Type of employment: ☐ Parent Volunteer ☐ Volunteer ☐ Other

Date you can begin: _____

Have you been employed by Santa Rosa I.S.D. in the past? ☐ Yes ☐ No

If you answered yes, provide dates of employment _____

EDUCATION/TRAINING

Check the highest level of education attained:

☐ Not a high school graduate (circle last grade completed) 1 2 3 4 5 6 7 8 9 10 11 12

☐ High school graduate ☐ GED ☐ Less than 2 years of college ☐ 2 or more years of college

☐ Bachelor's degree ☐ Master's Degree ☐ Other training or education _____

GENERAL INFORMATION

Do you have a relative who serves on the Santa Rosa ISD Board of Education or who works for the district?

☐ Yes ☐ No If yes, please provide the relative's name and relationship: _____

Have you ever been convicted of, plead guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? ☒ Yes ☐ No

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I understand the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ.

RELEASE OF CRIMINAL HISTORY RECORDS INFORMATION

Name of Applicant

Texas Drivers License Number

Maiden Name (If Applicable)

Other I.D. (If No Drivers License)

Street Address

Social Security Number

City, State, and Zip Code

Date of Birth

Ethnicity

Sex

Place of Birth

In accordance with the Texas Education Code, Section §22.083, a school district is entitled to obtain a criminal history record information that related to an applicant for employment with the school district, if the applicant authorizes the school district in writing to obtain such criminal history record information. Your application for employment with the district shall NOT be considered complete unless the school district has been given your permission to obtain such criminal history records. The criminal history information obtained by the school district will be used for the purpose of evaluating you as an applicant for employment with the Santa Rosa Independent School District and for no other reason.

I have read and understand the preceding information, and I do hereby authorize the Santa Rosa Independent School District complete access to any and all criminal history record information pertaining to me on file with your agency and do hereby unequivocally grant permission to your agency to release all of said criminal history information to the Santa Rosa Independent School District.

Volunteer Signature

Date

This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for current school year. If you have not received a response during this time period, you may reapply or reactivate your application.

THIS FORM IS NOT TO BE USED AS A CONSENT / AUTHORIZATION FORM.

Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal 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. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

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 [Crime Records General Information | Department of Public Safety \(texas.gov\)](#) Review of Personal Criminal History 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. **Acknowledge by signing below.**

Applicant Signature:	Date:
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Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:

Authorized User:

Signature of Authorized User:

Date of Name-Based CCH Search:

Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.

Purpose for CHRI Search.	<input type="checkbox"/> Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. <input type="checkbox"/> NO, CHRI is not stored by agency. <input type="checkbox"/> YES, CHRI is stored by agency.
CHRI Retention Period	<input type="checkbox"/> Temporarily Only <input type="checkbox"/> Annual <input type="checkbox"/> None Stored/Saved <input type="checkbox"/> Other:
CHRI Storage Method	<input type="checkbox"/> Physical/Printed (paper copy) <input type="checkbox"/> Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	
Destruction Method	Explain:

[CHRI + Audit Resources Link](#)