

Ector County ISD
068901

COMMUNITY RELATIONS
SCHOOL VOLUNTEER PROGRAM

GKG
(EXHIBIT)B

CONSENT TO PERFORM BACKGROUND CHECK RECORD INFORMATION
ADDENDUM

(CONFIDENTIAL*)

I authorize the Ector County Independent School District to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency, criminal justice agency, or consumer reporting agency, and use the information only for the purpose of evaluating my application to volunteer in the District.

Full name (print): _____

Date of birth: _____

Applicant must provide at least one of the following:

Driver's license number: _____

State issued identification number: _____

Social security number: _____

Mailing address: _____

Sex: Male Female

Ethnicity Asian/Pacific Islander Black Hispanic

Native American White Other

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for a volunteer position but will be used solely for the purpose of obtaining criminal history record information.

Signature

Date

Print Name

*This form will be removed from the application and filed separately in the office of the volunteer coordinator.