



Big Spring Independent School District
Volunteer Enrollment Form

Please PRINT the following information clearly.

Parent/Guardian Full Name:	
Address: Street/City/Zip:	
Students Name:	Parent/Guardian Phone number:
List the school(s) and grade levels for which you are interested in volunteering:	
Please circle the days you are available to volunteer: Monday Tuesday Wednesday Thursday Friday	
Please indicate the times you will be available: _____ - _____	
How often are you willing to volunteer: ☐ At least once a week ☐ At least once a month ☐ Other If Other please explain:	
The following is a general listing of some of the type of volunteer opportunities that are available in the school district. Please check the opportunities that interest you: ☐ Tutoring children ☐ Clerical, filing, typing, record keeping, computer assistance ☐ Classrooms –assisting groups of students; Field trips; creating/managing instructional materials ☐ General school- organizing, supervising or managing school activities, events or programs. ☐ Special skills-music, artistic, leadership, group supervision, fundraising, technology, career day presenter or special experiences. ☐ Before/After school programs (please specify) _____ ☐ Other ways I could help: _____	
Big Spring ISD is required by state law to obtain background/criminal history information. (Texas Education Code§22.08.) I understand that the provided birthdate, social security number, driver's license number and state issuing the driver's license is required information that will be used to obtain a record of my background/criminal history information. Social Security Number: _____ Date of Birth: _____ Driver License Number: _____ State issuing Driver License: _____	

As a volunteer working in the school district, I understand that this is a volunteer position that entitles me to no pay or wages from the district for my services. I understand that this volunteer agreement can be ended without notice at any time by either the school district or me.

Volunteer's Signature: _____

Date: _____

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Website and will be based on name and DOB identification I supply.

Because the name based information is not an exact search and only fingerprinting 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 result of the name and DOB search.

For the fingerprinting process I will be required to submit to 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 set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$48.25 to the fingerprinting service company.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprinting criminal history record may be discussed with me.

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

Signature of Volunteer

Date

Big Spring Independent School District
Agency Name

Agency Representative Name (Please Print)

Signature of Agency Representative

Date

OFFICE USE ONLY:

Check and Initial Each Applicable Space

CCH Report PRINTED: Yes _____ NO _____
INT: _____

Purpose of CCH: Volunteer

Approved: Yes _____ NO _____ INT _____

Date CCH Printed: _____

Date CCH Destroyed: _____