

Volunteer/Watch Dog 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>

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 _____

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.

Optional Only: If the agency directly requests that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search, I can make an appointment with the Fingerprint Applicant Services of Texas (FAST) by visiting the [Crime Records General Information | DPS \(texas.gov\)](#) *Review of Personal Criminal History* or call 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.

Applicant Signature:	Date:
Sign and date to acknowledge the statement above.	

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

Agency Name:

Authorized Searcher:

Signature of Authorized Searcher:

Date of Search:

Section 3: Agency use only. Name Based CHRI /CCH 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 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 (on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	Reminder: CHRI must be destroyed after authorized purpose has ended.
Destruction Method	Explain:

[CHRI + Audit Resources \(CJIS Launch Pad\) link](#)



SABINE INDEPENDENT SCHOOL DISTRICT

5424 FM 1252 W ♦ GLADEWATER, TEXAS 75647

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

BACKGROUND / CRIMINAL HISTORY INFO

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.