



If the Contractor/Consultant, and/or its employee (s) (*aka* subcontractor(s)) will have direct contact with students (substantial opportunity for verbal or physical interaction supervised or unsupervised by a GISD staff member, and regardless of the number of times), for the performance or related to this Agreement, the following forms must be completed for each person.

****ID copy must be submitted along with this packet****



**CONTRACTOR/CONSULTANT TEMPORARY ACCESS FORM
SINGLE EVENT**

NON-DISTRICT PERSONNEL

As required by Senate Bill 9, each employee and Contractor/Consultant of a school district must be fingerprinted in order to work or provide services to the District, if they are going to have direct access to students. This bill provides protection to school district and also to the students of the District.

On a case by case basis, non-district personnel may be allowed temporary access (with CRIMINAL BACKGROUND CHECK) to the campus to provide limited services to the District. The following procedures must be followed:

- The non-district personnel must be accompanied by an administrator or administrator designee (campus employee) at all times.
- No student contact shall be made without the accompaniment of a campus administrator or designee (campus employee).

Services provided to the District must follow these procedures. In the event that these procedures cannot be followed, this agreement is withdrawn, and fingerprinting must be accomplished. There will be no exceptions to these procedures.

Printed Name of GISD Requesting Employee

Printed Name of Contractor/Consultant

Signature and Date

Signature and Date

Printed Name of District Administrator or Designee Assigned to Accompany
Contractor/Consultant

Summary of Services:



GALVESTON INDEPENDENT SCHOOL DISTRICT

3904 AVE T ~Galveston, TX 77550

(409) 766-5158 Phone

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

CONFIDENTIAL - This form will be removed from the application and filed separately.

The Galveston Independent School District is authorized by Texas Education Code 22.083 to obtain criminal history record information on persons the District intends to hire for Independent Contractor/Consultant. The information requested below is necessary to obtain criminal history record information.

Full name (Please print): _____
Last First Full Middle Name

Address: _____

Telephone #: _____ **Email:** _____

List any and all other name(s) previously used, including maiden name:

Social Security Number: _____ **Date of Birth:** _____

Driver's License #: _____ **Issuing State:** _____

Sex: Male Female

Ethnicity: Black
 White
 Hispanic
 Other _____

Dates of service:
 Start Date _____ End Date _____

I understand 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. My signature authorizes the release of any and all police/criminal history information to Galveston Independent School District.

Signature **Date**

THIS AREA IS FOR OFFICE USE	
<input type="checkbox"/> CLEAR No Matching Records <input type="checkbox"/> Approved	<input type="checkbox"/> Matching Records/Hold for Review <input type="checkbox"/> Denied
By: _____	Date: _____



DPS Computerized Criminal History (CCH) Verification

I, _____, acknowledge that a Computerized Criminal
APPLICANT OR EMPLOYEE NAME (Please Print)

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, you will be contacted by Human Resources department if more information is required.

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)

 Contractor/Consultant or Contractor Employee Signature

 Date

 Company Name (Please print) - If applicable

 Company’s representative Name (Please print)

 Signature of Company’s representative

 Date

Revised 11/4/2025

Please:
Check and Initial each Applicable Space

CCH Report Printed:
 Yes _____ No _____ _____ Initial

Purpose of CCH:

Empl _____ Vol/Contractor _____ _____ Initial

Date Printed: _____ _____ Initial

Destroyed Date: _____ _____ Initial

Retain in your files



HOLD HARMLESS AGREEMENT

The Contractor/Consultant shall defend, indemnify, and hold harmless, Galveston ISD and all its trustees, officers, agents, and employees, from and against all suits, actions, or claims of any character brought forth or on account of any injuries or damages (including death) received or sustained by any person or property on account of, arising out of, or in connection with, any negligent act or omission of Contractor/Consultant or any agent, employee, subcontractor or supplier of Contractor/Consultant in the execution or performance under this contract as designated as *CONTRACTOR/CONSULTANT AGREEMENT*.

The Contractor/Consultant shall also defend, indemnify and hold harmless, Galveston ISD and all of its trustees, officers, agents, and employees, from and against claims by any subcontractor, supplies, laborer, material-man or mechanic for payment for work materials provided on behalf of the Contractor/Consultant in the performance of the Contract and all such claimants shall look solely to Contractor/Consultant and not Galveston ISD for satisfaction of such claims.

This Hold Harmless Agreement shall be binding upon the undersigned, and its successors, legal representatives, heirs, and assigns.

Dated this _____ day of _____, 20_____.

Contractor/Consultant:

Contractor/Consultant or Company Name

Name of Representative (Print)

Signature of Representative



CONFLICT OF INTEREST DISCLOSURE

The following is issued in accordance with State Law and GISD Board Policy. Failure to make disclosure shall be grounds for termination of any contract entered into with said vendor or proposer. (please select one)

3. The undersigned states that he/she nor the company listed herein has never had or does not have a business relationship with a Board member, member of the Administration or a member of the Staff of Galveston Independent School District regardless of the nature or amount.

Signature: _____

Printed Name: _____

OR

4. The undersigned states that he/she and/or the company listed herein has had or does have a business relationship with a member of the Board, Administration or Staff of Galveston Independent School District regardless of the nature or amount.

Signature: _____

Printed Name: _____

If you answered YES to No. (2) above, please complete the Conflict-of-Interest questionnaire (Form CIQ) from the Texas Ethics commission and submit it along with this packet. The document can be found at www.ethics.state.tx.us



THIS AREA IS FOR OFFICE USE ONLY

- Date that the Subcontractor packet was received: _____
- Date that the background and fingerprints forms were sent to HR for processing: _____
- HR Clearance on: _____
- Finance and Purchasing approval: _____
- Vendor set up/Update: _____
- Subcontractor packet uploaded to the server: _____
- Subcontractor set up & clearance to Department/Campus: _____

GISD PURCHASING OFFICE

Verified and approved by: (Name and Date): _____