2026-2027 School Volunteer Application Check-List

Date Submitted: _____

Name of Applicant: _____

Campus: _____

Items needed to complete application – Forward original application to Human Resources.

_____ Application for School Volunteer

_____ One Form of Identification: _____Driver's License
_____ ID with Picture
_____ Passport
_____ Visa

2026-2027 School Volunteer Application

(To be completed by campus assigned designee with campus principal signature.)

Campus: _____

Applicant Name: _____

Please select below:

O Parent Volunteer O Grandparent O Guardian of student O Other _____

Child's Name: _____ ID#: _____

Child's Name: _____ ID#: _____

Child's Name: _____ ID#: _____

Comments: _____

_____

_____

_____ Approved Denied _____

Campus Principal or Designee Signature Date

2026-2027 School Volunteer Application

(This application is only valid for the present school year and must be completed every year)

Name: _____
Last First MI

Other name (s) which may appear on official records: _____

Address: _____ City: _____ State: ____

Home Phone #: _____Work Phone #: _____Cellular Phone #: _____

Check highest level of education attained:

☐ Not a High School Graduate ☐ GED ☐ High School Graduate
☐ College Level ☐ Other Training or Education

Special Skills: _____

What Days of the week would you be available to work? ___M___T___W___Th___F___S

What kind of volunteer work would you prefer?

_____
_____
_____

Current Employer: _____ Position: _____
Name of Supervisor: _____ Phone: _____
Date of Employment: _____

Please provide the name, address and phone number of 3 references:

Name _____
Address _____
_____
Phone Number _____

Name _____
Address _____
_____
Phone Number _____

Name _____
Address _____
_____
Phone Number _____

Have you ever been arrested, convicted of, pleaded guilty or no contest to, or received probation, suspension, or deferred adjudication for a misdemeanor, felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, indecency with a minor, or drug or alcohol related offenses)?

☐ YES ☐ NO

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. ANY FALSIFICATION OF THESE RECORDS WILL BE SUFFICIENT CAUSE FOR DISQUALIFICATION. Furthermore, it is understood that this application becomes the property of Santa Maria ISD, which reserves the right to accept or reject it. References and personal information which become part of this record are to be regarded confidential and shall not be revealed to me.

Signature of Applicant: _____ Date: _____

RELEASE OF CLAIMS AND HOLD HARMLESS AGREEMENT

I am a user of the Santa Maria Independent School District ("District") facilities.

By signing my name below, I HEREBY PERSONALLY ASSUME ALL RISK OF HARM, INJURY, OR DEATH IN CONNECTION WITH OR RESULTING FROM MY USE OF OR ACTIVITY AT THE FACILITIES WHETHER FORSEEN OR UNFORSEEN.

I hereby, RELEASE, DISCHARGE AND ACQUIT, the District and its Board of Trustees, employees, agents and representatives FROM ALL LIABILITY TO ME FOR, OR ARISING FROM, PERSONAL INJURY, HARM OR DEATH as may result to me from the use of the facilities or activity on my part at the facilities. This release is effective and binding upon my heirs, representatives, and assigns.

I further agree RELEASE, DISCHARGE AND ACQUIT, the District and its Board of Trustees, employees, agents and representatives FROM ALL LIABILITY TO ME FOR OR ARISING FROM, PERSONAL INJURY, HARM OR DEATH IS A RESULT OF OR ARISES FROM THE NEGLIGENCE OR ACTS OF THE DISTRICT, ITS BOARD OF TRUSTEES, EMPLYEES, AND AGENTS OR REPRESENTATIVES. This is effective and binding upon my heirs, representatives, and assigns.

I further agree to INDEMNIFY the District and HOLD THE DISTRICT HARMLESS from and against all claims, demands, lawsuits, attorney's fees and costs, or judgments against the District or its trustees or employees resulting or arising from my use of the facilities or any activity on my part at the facilities.

If I am an EMPLOYEE of the District, I further understand, agree and represent that my use of the facilities is voluntary, is not in the scope and course of my employment, is not part of my job duties or assignment, and is engaged in during my off-work, personal time.

If any part of this document is deemed void or unenforceable, it shall not affect the validity or enforceability of the remainder of the document.

By my signature below, I voluntarily accept and consent to and agree with all of the above provisions.

CAUTION! READ BEFORE SIGNING BELOW.

_____ _____

Signature of User Date

_____ _____

Print Name Signature of Parent or Guardian (if applicable)

VOLUNTEER CONFIDENTIALITY AGREEMENT

I. **The Parties.** This Volunteer Non-Disclosure Agreement, referred to as the "Agreement", applies to the "Volunteer", associated with and/or involved in the activities or affairs of Santa Maria Independent School District, County of Cameron, State of Texas, referred to as the Volunteer or other activity with both the Volunteer and Activity collectively referred to as the "Parties".

II. **Confidential Information.** All data, materials, knowledge, and proprietary information generated through, originating from, or having to do with the Santa Maria Independent School District or persons associated with its activities, including contractors, is to be considered Confidential Information and is not to be disclosed to any outside party. This includes, but is not limited to, documents, information, designs, printed matter, policies, procedures, conversations, messages (received or transmitted), resources, contacts, e-mail lists, e-mail messages, whether internally between staff or outside the Santa Maria Independent School District is confidential and the sole property of Santa Maria Independent School District.

III. **Clients.** Client information, including all file information, is not to be disclosed to any third party, under any circumstances, without the written consent of Santa Maria Independent School District.

IV. **Damages.** Any disclosure, misuse, copying, or transmitting of any material, data or information, whether intentional or unintentional, will subject the Volunteer to be dismissed from the Santa Maria Independent School District.

The signature below of the Volunteer acknowledges their agreement to the aforementioned terms.

Volunteer's Signature_____ Date_____

Print Name_____

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:

Section 2: Agency use only. Must be completed by authorized personnel conducting search.	
Agency Name:	Santa Maria Independent School District
Authorized User:	Elizabeth A. Stenhouse, Human Resource Specialist
Signature of Authorized User:	Elizabeth A. Stenhouse
Date of Name-Based CCH Search:	

Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.	
Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. ☐ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.
CHRI Retention Period	☐ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ☐ Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	
Destruction Method	Explain:

CHRI + Audit Resources Link

Form provided by DPS Crime Records Division Audit & Training Unit for agency use.
Revised 8/02/2024