APPLICATION FOR VOLUNTEERS IN PUBLIC SCHOOLS

An Equal Opportunity Employer*

Date of application _____

Personal Data

Name _____
Last *First* *Middle initial*

Mailing address _____
Street/Box *City* *State* *ZIP Code*

E-mail address _____

Home phone _____ Cell phone _____ Other phone _____

Other name that may appear on records _____

(Used for certification, reference, and criminal history record checks)

Position Data

Date you can begin volunteering _____

Date you can begin volunteering _____

Have you been employed by Agua Dulce ISD in the past? ❑ Yes ❑ No

If you answered yes, provide dates of employment _____

Special Skills

Grade Level(s) you are interested in volunteering?

☐ Pre-K3 - Pre-K	☐ 6 - 8
☐ K	☐ 9 - 12
☐ 1 - 5	☐ Any Grade Level

References

Please list references the district can contact regarding your volunteer history.

Full name of reference	School district/ firm name	Mailing address	Position/title	Area code/ phone

Education

List the highest level of education attained: _____

Licenses and certificates granted _____

_____

TASB HR Services

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General Information

Have you ever been convicted of, pled guilty or no contest (nolo contendre) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? ❑ Yes ❑ No

If yes, please state where, when, and the nature of the offense _____

_____

_____

_____

_____

_____

(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)

Verification

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application.

I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.

I understand that the district is required by Texas Education Code to review criminal history of applicants.

_____ _____

Signature Date

This application becomes the property of the district. The district reserves the right to accept or reject it. This application shall be considered active for 12 months. If you have not received a response during this time period, you may reapply or reactivate your application.

**Applicants for all positions are considered without regard to race, color, sex (including pregnancy, sexual orientation, or gender identity), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

In accordance with Title IX, the district does not discriminate on the basis of sex and is required not to discriminate on the basis of sex in its educational programs or activities. The requirement not to discriminate extends to employment. Inquiries about the application of Title IX may be referred to the district's Title IX coordinator, to the Assistant Secretary for Civil Rights of the Department of Education, or both.

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Inquiries about the application of Title IX to employment should be referred to Title IX Coordinator, (Jimmy Padilla, Superintendent of Schools, office One Longhorn Drive Agua Dulce, Tx 78330, jimmy.padilla@adisd.net, and (361)998-2542 x 1).

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Volunteer Confidentiality Form

As volunteer of the Agua Dulce ISD, I understand that I may have access to confidential information about students, students' families, and staff that is not to be shared or discussed with anyone other than designated personnel.

I understand that in the course of my volunteer time the behaviors and abilities of students, teachers and staff are never appropriate topics for discussions outside of school. This information may relate to general items such as address and telephone number or specific student information including academic performance, behavior, disabilities, and related matters.

I understand that academic and personal information about a student should be shared only with the appropriate teachers and school staff and should not be shared with community member, family, friends, or parents of other students. All communication with parents should be handled by school staff.

I also understand I am prohibited from sharing or communicating information about a student or identifying a student on social media.

I understand that if there is a violation of these guidelines, it may result in termination of my volunteer services.

CONFIDENTIALITY STATEMENT

By signing below, I indicate I have read and agree to comply with the conditions stated above.

_____ _____

Volunteer Date

TASB HR SERVICES

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Confidential

Agua Dulce 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*

Social Security Number _____ Date of birth _____

Driver's License _____
State and Number

Mailing Address _____
Street *City* *State* *Zip*

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

* The information requested is required to complete a name-based criminal history information check with the Texas Department of Public Safety.

† This form will be removed from the application and filed separately in the HR office.

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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.

If the agency 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). Visit Crime Records General Information | Department of Public Safety (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.	☐ 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 (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 Link