BROOKS COUNTY INDEPENDENT SCHOOL DISTRICT
PO Box 589 - Falfurrias, TX 78355 – (361) 325-8006

2026-2027 Volunteer Confidentiality Form

As volunteer of Brooks County 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.

_____
Print Name

_____ _____
Volunteer Date

Brooks County ISD

Human Resources/Payroll Department

Employee/Contracted/Volunteer Service Demographic Maintenance Information

In order to update our current and create new records the following information is needed.
Please return to HR/Payroll office as soon as possible.

Legal Name: _____ _____ _____ _____

As shown on SS | Last | First | MI | Maiden

So Security #: _____

Address : _____ _____

P.O. Box or Street Number | Apartment

_____ _____ _____

City | State | Zip

Phone # : _____ Cell Phone # : _____

E-mail : _____

Birth Date : _____ Drivers License : _____ State: _____

EMERGENCY INFORMATION

Contact Person: _____ Relationship: _____

Phone: _____ Cell Phone # : _____

_____ _____

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:	**Brooks County Independent School District**
Authorized Searcher:	**Joann M. Guerra**
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 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 (CJIS Launch Pad) link