



SCHOOL VOLUNTEER APPLICATION INSTRUCTIONS

NOTE: APPLICATION MUST BE FILLED OUT COMPLETELY!

PAGE ONE (1): Cover Page

Campus Name: Insert name of campus that is submitting the school volunteer application.

Applicant Name: Insert name of applicant

Child's Name: Insert child's name associated with the applicant

ID: Insert the respective child's school identification number

Comments: Indicate reason for application

Campus Principal: The principal of respective campus must sign to approve application.

Date: The principal of respective campus must provide date of approval.

PAGE TWO (2): Application

Name: Insert FULL legal name of applicant as it appears on his/her VALID Texas Driver's License. Provide copy.

Other Names: Insert other names applicant has used in the past (maiden name, married name, etc)

Current Address, City & State: Insert applicant's current residential address. DO NOT insert mailing address.

Home/Work/Cell Numbers: Provide all telephone numbers available.

Highest Level of Education Attained: Indicate the highest level of education attained by the applicant.

Current Employer: Provide current employer information.

Convictions: Applicant must answer question in order for application to be considered.

Signature & Date: Applicant must sign and date application

PAGE THREE (3): Addendum to Application

Applicant MUST read, sign and date this page in order for application to be considered.

PAGE FOUR (4): Release of Claims and Hold Harmless Agreement

Applicant MUST read, sign and date this page in order for application to be considered.

PAGE FIVE (5): DPS Computerized Criminal History Verification

Applicant MUST read, sign and date this page in order for application to be considered.

ONCE APPLICATION HAS BEEN COMPLETED AND SIGNED, FORWARD TO MYRNA VAZQUEZ AT THE PARENTAL INVOLVEMENT DEPARTMENT. PLEASE ALLOW 7 – 10 BUSINESS DAYS FOR PROCESSING.



For PI Office Use Only:

2014 – 2015 School Volunteer Application

Campus: _____

Applicant Name: _____

Child's Name: _____ ID: _____

Comments: _____

_____ Approved Denied _____
Campus Principal Signature Date

_____ Approved Denied _____
Parental Involvement Coordinator Signature Date

_____ Approved Denied _____
Exec. Dir. for State and Federal Programs Signature Date

For HR Office Use Only:

DPS C H _____ Verified by: _____

CC C H _____ Verified by: _____



2014 – 2015 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: _____

Current 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

Current Employer: _____ Position: _____

Name of Supervisor: _____ Phone: _____

Date of Employment: _____

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 Mission CISD, 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: _____



Authorization to Conduct Criminal Record Search Addendum to Application

Mission Consolidated Independent School District is required by state law to obtain criminal history information on all applications that are being considered for employment or volunteer work with the school district (Senate Bill I, Texas Education Code, Section 22.083). School districts may obtain this information from any law enforcement agency.

I hereby authorize Mission Consolidated Independent School District to conduct investigation inquiries into police records, the state prison system, the Department of Public Safety, and/or any other criminal records to determine my acceptability for employment.

Please complete the information below and return with the application.

Name _____
Last First Middle

Social Security Number _____ Date of Birth _____

Driver's License Number _____ State _____

Ethnicity: African American/Black American Indian or Alaskan Native
 Asian or Pacific Islander Hispanic or Latino White/Non Hispanic

Gender: Male Female

Please list your previous addresses for the past 10 years.

Address _____

Address _____

I understand that the information I am providing about age, gender, 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.

I also understand that if employed, my employment with Mission C.I.S.D. will be temporary, pending the outcome of the criminal history record information. If the results indicate that I was convicted of a felony, or had an offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor), that I never disclosed, Mission CISD has the right to terminate my employment.

Signature of Applicant

Date



RELEASE OF CLAIMS AND HOLD HARMLESS AGREEMENT

I am a user of the Mission Consolidated 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 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 as may result to me from use of the facilities or activity on my part at the facilities, EVEN IF SUCH PERSONAL INJURY, HARM OR DEATH IS A RESULT OF OR ARISES FROM THE NEGLIGENCE OR ACTS OF THE DISTRICT, ITS BOARD OF TRUSTEES, EMPLOYEES, AND AGENTS OR REPRESENTATIVES. This release 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)

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH)
APPLICANT or EMPLOYEE NAME (Please print)
verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check is not allowed to discuss any information obtained using the name and DOB method. Therefore the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with DPS FAST program, submit a full and complete set of my fingerprints, request a copy to be sent to the agency listed below, and pay a fee of \$24.95.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Mission CISD Human Resources
Agency Name (Please print)

Belinda Gonzalez
Agency Representative Name (Please print)

Signature of Agency Representative

Date

Check and Initial each Applicable Space

CCH Report Printed:

YES _____ NO _____ _____ initial

Purpose of CCH: _____

Reference # _____ _____ initial

Date _____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files



APLICACION PARA VOLUNTARIO ESCOLAR INSTRUCCIONES

NOTA: SOLICITUD DEBE SER LLENADO COMPLETAMENTE!

PAGINA UNO (1): portada

Nombre de la Escuela: Inserte el nombre de la escuela que se presenta la solicitud de voluntario en la escuela.

Nombre del solicitante: Inserte el nombre del solicitante

Nombre del estudiante: Inserte el nombre del estudiante asociado con el solicitante

ID: Inserte el numero escolar asociado con el estudiante

Comentarios: Indique el motivo de la aplicación

Director: El director de la respectiva escuela debe firmar el formulario como la aprobación.

Fecha: El director de la respectiva escuela debe indicar la fecha de aprobación

PÁGINA DOS (2): Aplicación

Nombre: Introduzca el nombre legal completo del solicitante como aparece en su/su licencia de conducir válida de Texas. Proporcionar copia.

Otros nombres: Inserte otros nombres que el solicitante ha utilizado en el pasado (nombre de soltera, apellido de casada, etc)

Dirección actual, ciudad y estado: Domicilio actual del solicitante. NO introduzca la dirección de correo.

Números de casa / trabajo / celular: Proporcionar a todos los números de teléfono disponibles.

Nivel más alto de educación alcanzado: Indique el nivel más alto de educación alcanzado por el solicitante.

Empleador actual: Proporcionar información actual del empleador.

Condenas: El solicitante debe responder a la pregunta para que sea considerada la aplicación.

Firma y Fecha: El solicitante debe firmar y fechar la aplicación

PÁGINA TRES (3): Adición de Aplicación

Solicitante debe leer, firmar y fechar esta página para que la aplicación sea considerada.

PÁGINA CUATRO (4): Liberación de Reclamaciones y Acuerdo Inocuo

Solicitante debe leer, firmar y fechar esta página para que la aplicación sea considerada.

PÁGINA CINCO (5): Verificación Computarizada de La Búsqueda de Antecedentes Penales

Solicitante debe leer, firmar y fechar esta página para que la aplicación sea considerada.

UNA VEZ QUE APLICACIÓN SE HA COMPLETADO Y FIRMADO, SE ENTREGA A MYRNA VAZQUEZ EN EL DEPARTAMENTO DE PARTICIPACIÓN DE LOS PADRES. Espere 7 - 10 días laborales para el proceso.



For PI Office Use Only:

2014 – 2015 Aplicación para Voluntario Escolar

Escuela: _____

Nombre del Solicitante: _____

Nombre del estudiante: _____ ID: _____

Comentarios: _____

_____ Approved Denied _____
Principal Date

_____ Approved Denied _____
Parental Involvement Coordinator Date

_____ Approved Denied _____
Executive Director for State and Federal Programs Date

For HR Office Use Only:

DPS C H _____ Verified by: _____

CC C H _____ Verified by: _____



EXONERACION DE RECLAMACIONES Y ACUERDO INDEMNIZADO

Yo soy usuario(a) de las instalaciones del Distrito Escolar Consolidado e Independiente de Mission ("Distrito")

Al firmar mi nombre a continuación, YO PERSONALMENTE ASUMO TODO RIESGO DE DAÑO, LESIÓN O MUERTE EN RELACIÓN CON O COMO RESULTADO DE MI USO O DE LA ACTIVIDAD EN LAS INSTALACIONES YA SEA PREVISTO O IMPREVISTO.

Por medio de este documento, YO EXONORO, LIBERTO, ABSUELVO al Distrito y su Junta Directiva, empleados, agentes y representantes de TODA RESPONSABILIDAD HACIA MI POR, O COMO RESULTADO DE LESION PERSONAL, DANO O MUERTE como resultado de mi uso de las instalaciones o actividad de mi parte en las instalaciones. Esta exoneración es efectiva y vinculante para mis herederos, representantes y sucesores.

También estoy de acuerdo de EXONORAR, LIBERAR, ABSOLVER al Distrito y su Junta Directiva, empleados, agentes y representantes de TODA RESPONSABILIDAD HACIA MI POR, O COMO RESULTADO DE LESION PERSONAL, DANO O MUERTE como resultado de mi uso de las instalaciones o actividad de mi parte en las instalaciones, AUN CUANDO DICHA LESIONES PERSONALES, DAÑO O MUERTE ES UN RESULTADO DE O SURGE DE LA NEGLIGENCIA O ACCIONES DEL DISTRITO, SU JUNTA DIRECTIVA, EMPLEADOS Y AGENTES O REPRESENTANTES. Esta exoneración es efectiva y vinculante para mis herederos, representantes y sucesores.

También estoy de acuerdo en EXIMIR al Distrito y EXONERAR al Distrito de toda responsabilidad contra todo reclamo, demandas, juicios, honorarios y costos de abogados, o juicios en contra del Distrito o sus directores o empleados que surja de mi uso de las instalaciones o de cualquier actividad en mi parte en las instalaciones.

Si soy un EMPLEADO(A) del Distrito, también entiendo, acepto y declaro que mi uso de las instalaciones es voluntario, no está en el alcance y el curso de mi empleo, no es parte de mis responsabilidades de trabajo o asignación, y se lleva a cabo durante mi tiempo personal fuera de trabajo.

Si cualquier parte de este documento se considera nulo o inejecutable, esto no afectará la validez o fuerza legal del resto del documento.

Con mi firma a continuación, yo voluntariamente acepto y consiento y estoy de acuerdo con todas las provisiones anteriores.

¡ADVERTENCIA! LEER ANTES DE FIRMAR A CONTINUACION.

Firma del Usuario

Fecha

Nombre en Molde

Firma del Padre o Tutor (si aplica)

Verificación Computarizada de DPS de Antecedentes Penales (CCH)

Esta forma es para informarles que se realizara una verificación computarizada de antecedentes penales (CCH, por sus siglas en ingles), mediante acceso al Sitio de Internet Seguro del Departamento de Seguridad Pública de Texas (DPS por sus siglas en ingles), y que será basada en los datos que proporciono de nombre y fecha de nacimiento.

Ya que la información basada en nombres no permite una búsqueda precisa y solamente las búsquedas de los registros de huellas digitales representan una verdadera identificación para los antecedentes penales, no se permite que la organización que realiza la verificación de antecedentes penales explique ninguno de los datos que se obtiene por este método; por esto, la agencia podría pedir realizar una búsqueda por huellas digitales a fin de aclarar cualquier mala identificación resultado de la búsqueda por nombre y fecha de nacimiento.

Para el proceso de huellas digitales, se le requerirá presentar todas huellas digitales completas para análisis por el AFIS (por la sigla en ingles de sistema automatizado de identificación de huellas digitales) del Departamento de Seguridad Pública de Texas. Se le informa que, para poder completar este proceso, debe hacer una cita con DPS FAST, presentar todas mis huellas digitales completas, pedir que una copia se le entregue a la agencia indicada y pagar una cuota de \$24.95.

Una vez que se ha completado este proceso y la agencia reciba los datos de DPS, se le pueden explicar la información que aparece en sus antecedentes penales de huellas digitales.

FAVOR DE LLENAR EL REVERSO DE ESTA FORMA

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Signature of Applicant or Employee

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Mission CISD Human Resources
Agency Name (Please print)

Belinda Gonzalez
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Signature of Agency Representative

Date

Check and Initial each Applicable Space

CCH Report Printed:

YES _____ NO _____ _____ initial

Purpose of CCH: _____

Reference # _____ _____ initial

Date _____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files