



# VANGUARD ACADEMY CHARTER SCHOOL DISTRICT

## Parent Volunteer Checklist

Prospective volunteers shall fill out an application packet provided by the district.  
Below is the checklist to insure that your packet is complete.  
Turn in your application packet to your child's campus.

\_\_\_\_\_ **Form 1** Volunteer Application completed and signed by the Principal and Applicant.

\_\_\_\_\_ **Form 2** Criminal History Record Information Authorization must be complete and questions must be answered YES or NO. This form will be processed by the Human Resources Department. Criminal Background checks from local law enforcement agencies are NOT acceptable.

\_\_\_\_\_ **Form 3** Computerized Criminal History Verification form must be signed and dated.

\_\_\_\_\_ **Form 4** Certificate of examination of volunteer for Tuberculosis that discloses the results of the test must be turned in for new applicants.

\_\_\_\_\_ Copy of Identification such as a driver's license, passport, or Texas ID is required.

### Please Note:

1. Volunteer application must be renewed yearly.
2. TB test is not required if the applicant was "Approved the Prior Year".
3. Application processing will be approximately 7 to 10 work days from the received date at the Human Resources Department.
4. V.A.C.S.D. Employees are required to submit a current application and a copy of the current school year Vanguard Academy C.S.D. picture tag for annual renewal.

For more information contact the Human Resources Department.





# VANGUARD ACADEMY CHARTER SCHOOL DISTRICT

## Human Resources Department

1200 E. Kelly Ave., Pharr, Texas 78577 (956) 781-1701; (956) 781-8055 Fax

### CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FOR STUDENT TEACHERS AND VOLUNTEERS

The Vanguard Academy Charter School District is required by the Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers and volunteers. The information requested below is necessary to obtain criminal history.

I authorize the Vanguard Academy Charter School District to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency and to use said information for the purpose of evaluating my application for volunteering.

**In order to obtain a criminal check you must be 18 years or older**

#### PERSONAL INFORMATION

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name Middle Last Month/Day/Year

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sex: \_\_\_\_\_ Driver's License Number/State Issued: \_\_\_\_\_  
Male/Female

Moral turpitude is an act of baseness, vileness or depravity in the private or social duties outside the accepted standards of decency and that shocks the conscience of an ordinary person, including, but not limited to theft, murder, rape, swindling and indecency with a minor.

Yes  No Have you ever been arrested?

\*An arrest is not an automatic bar to volunteering. The district will consider the nature and date of the offense, and the relationship between the offense and the volunteer position for which you are applying.

If yes, please attach a statement of the nature of the offense.

Yes  No Have you ever been convicted of, pled guilty or no contest (nolo contendere) 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)?

If yes, please attach a statement of the nature of the offense.

Yes  No Have you ever been charged with, been convicted of, received deferred adjudication (probation), pled guilty or nolo contendere for an offense or capital murder, attempted murder, murder, voluntary manslaughter, involuntary manslaughter, indecency with a child, injury to a child or elderly or disabled individual, kidnapping, deadly weapon was used or exhibited or for any felony related to the manufacture, delivery or possession of marijuana, a controlled substance, or dangerous drug? "Conviction" shall include probation or deferred adjudication (probation), a finding of guilt or acceptance by the court of a plea of guilty, or nolo contendere review each application according to the criteria set forth in the district's DC (Local) policy.

Volunteer/Student Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(required if volunteer is a V.A.C.S.D. student)

#### Sec. 22.0835. Access to Criminal History Records of Student Teachers and Volunteers by Local and Regional Education Authorities.

(a) A School district, open-enrollment charter school, or shared services arrangement shall obtain from the department and may obtain from any other law enforcement or criminal justice agency or a private entity that is a consumer reporting agency governed by the Fair Credit Reporting Act (15 U.S.C. Section 1681 et seq.), all criminal history record information that relates to: (2) a volunteer or person who has indicated, in writing, an intention to serve as a volunteer with the district, school, or shared services arrangement. (c) A person to whom Subsection (a) or (b) applies must provide to the school district, open-enrollment charter school, private school, regional education service center, or shared services arrangement a driver's license or another form of identification containing the person's photograph issued by an entity of the United States government.

# DPS Computerized Criminal History (CCH) Verification

**(AGENCY COPY)**

I, \_\_\_\_\_, have been notified that a computerized criminal history (CCH) 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.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

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 <b>Signature and date required for processing</b>	_____ Date
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**FOR DEPARTMENT USE ONLY**

**Vanguard Academy C.S.D.**

Agency Name (Please print)

\_\_\_\_\_  
 Agency Representative Name (Please print)

\_\_\_\_\_  
 Signature of Agency Representative

\_\_\_\_\_  
 Date

<b>Please:</b>		
<b>Check and Initial each Applicable Space</b>		
CCH Report Printed:		
YES	NO	_____ initial
Purpose of CCH: _____		
Hire	Not Hired	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
<b>Retain in your files</b>		

**VANGUARD ACADEMY CHARTER SCHOOL DISTRICT  
 CERTIFICATE OF EXAMINATION OF SCHOOL  
 PERSONNEL/VOLUNTEERS FOR TUBERCULOSIS  
 HEALTH SERVICES DEPARTMENT**

CAMPUS/DEPT \_\_\_\_\_

THIS IS TO CERTIFY THAT \_\_\_\_\_  
 NAME (LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

RECEIVED A TUBERCULIN TEST: PPD TINE  
 DATE RESULT:  OMM RESULT:  NEGATIVE REACTION  
 MM  POSTIVE REACTION

Print Physician's Name \_\_\_\_\_ Physician's Signature Required \_\_\_\_\_

Please provide stamp if agency for authentication

**THIS PORTION FOR CHEST X-RAY ONLY:**

RESULTS:  NORMAL CHEST FINDING  NOT DONE  
 ABNORMAL CHEST FINDING

AND WAS FOUND TO \_\_\_\_\_ ACTIVE TUBERCULOSIS.  
 (be free of) or (have)

PHYSICIAN RECOMMENDATION:

DATE: \_\_\_\_\_ SIGNATURE OR STAMP \_\_\_\_\_  
 \_\_\_\_\_  
 TEXAS MD-DO LICENSE NO# \_\_\_\_\_

In order to comply with Texas Law (VTCS 4477-12, Sec 5), the examination must be completed and the certificate with results must be furnished to the governing board of the public charter school prior to the commencement of the individual's duties.