

**A background check is required for all volunteers before working on WISD campuses.
Please attach a copy of your current driver license. Thank you.**

VOLUNTEER APPLICATION
WINNSBORO INDEPENDENT SCHOOL DISTRICT
207 E Pine Street
Winnsboro, TX 75494

| | | | | |
|--|--|---------------------------|-------|----------|
| Date _____ | | Social Security No. _____ | | |
| Name _____ | | | | |
| Last | | First | | Middle |
| Address _____ | | | | |
| Street/PO Box | | City | State | Zip Code |
| Other address/phone where you may be reached _____ | | | | |
| Work Phone No. _____ | | Home Phone No. _____ | | |

| | |
|---|------------------------------|
| Check Highest Educational Level Attained | |
| ____ High School (circle last grade completed) 9 10 11 12 | ____ 2 years college or more |
| ____ High School graduate | ____ Bachelor's degree |
| ____ GED | ____ Master's degree |
| ____ Less than 2 years college | |

Do you have a relative who is either a member of the Winnsboro ISD Board of Education or who is employed in any capacity in the Winnsboro ISD? Yes ____ No ____

Have you ever been convicted of a felony or offense involving moral turpitude and/or received probation or deferred adjudication? Yes ____ No ____
If yes, please explain: _____

Have you ever been arrested for possession of drugs, possession of controlled substances, driving while intoxicated (DWI/DUI) or any felony charge? Yes ____ No ____
If yes, please explain: _____

(Conviction of a felony 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.)

Please list below references who may be contacted regarding your work history.

| Full Name of Reference | School District/Firm | Mailing Address | Title | Phone Number |
|------------------------|----------------------|-----------------|-------|--------------|
| | | | | |
| | | | | |
| | | | | |

I hereby affirm that all information in this application is true and accurate to the best of my knowledge.

I understand that, failure to disclose conviction for a felony or for an offense involving moral turpitude may be considered sufficient cause for removal from the volunteer list.

Furthermore, this application becomes the property of the district that reserves the right to accept or reject it.

It is the policy of Winnsboro ISD not to discriminate on the basis of race, color, national origin, sex, age, disability, religion or political beliefs in its educational and vocational programs, activities, or employment as required by Title IX, Section 504 and Title VI.

Signature of Applicant

Date

WINNSBORO INDEPENDENT SCHOOL DISTRICT
207 E Pine Street
Winnsboro, TX
75494 903-342-3737
903-342-3380 (fax)

ADDENDUM TO APPLICATION

The Winnsboro Independent School District is required by state law to obtain background records on all applicants for employment and volunteers with the district. (Texas Education Code Section #221.917)

I understand the information set forth below will be used by the district solely for the purpose of obtaining background history records and determining eligibility for employment and volunteering with the district.

Please Print

Full Name _____
Last First Middle

Social Security No. _____ Date of Birth _____

Signature _____

Volunteer Compact

We welcome you to Winnsboro ISD. We are glad that you want to become a part of our great school as a volunteer or a chaperone on a field trip. We feel confident that your participation in the educational process will be most rewarding to the students as well as to yourself. We want our parents, grandparents and community member to be a part of our school and to share in our joys and successes.

Please remember to sign in when you come into the building. We must have a record of all who come on the campus. IF you have a criminal record you must provide this information to the principal. This information will be kept confidential while the final decision is made to permit you to volunteer. All decisions are made according to the legal requirements or restrictions of the laws.

While you are volunteering with our students you must agree to keep information about students confidential. To violate this confidentiality will exclude you as a volunteer. All children must be treated equally and any actions of children must be kept in strict confidence. **What happens at schools stays at school.** School personnel will maintain the discipline of students and contact parents if necessary. If you agree to abide by these guidelines, please sign and return to the office.

I agree to abide by the above guidelines.

Please Print

Name: _____

Address: _____

Date: _____ Signature: _____

**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 identifiers 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 conducting the criminal history check for background screening is not allowed to discuss any criminal history record 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 L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment 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

Date

Winnsboro ISD

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

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