

**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 75494-2628

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.

<input type="checkbox"/> High school (circle last grade completed) 9 10 11 12	<input type="checkbox"/> 2 years college or more
<input type="checkbox"/> High school graduate	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> GED	<input type="checkbox"/> Master's degree
<input type="checkbox"/> Less than two 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 \_\_\_\_\_  
 If yes, please give name of relative, relationship, and position held: \_\_\_\_\_

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 contact regarding your work history.

Full Name of Reference	School District/Firm	Mailing Address	Title	Phone No.

I hereby affirm that all information provided 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 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

**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 members 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 law.

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 school 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 \_\_\_\_\_

WINNSBORO INDEPENDENT SCHOOL DISTRICT  
207 E. Pine Street  
Winnsboro, TX 75494  
Phone 903-342-3737 Fax 903-342-3380

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.

Full Name \_\_\_\_\_  
(Print) Last First Middle

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

<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>	