

Brackett Independent School District
PO Box 586
Brackettville, TX 78832
(830) 563-2491 www.brackettisd.net

VOLUNTEER AGREEMENT

Thank you for volunteering your services to the students and staff of BISSD. All volunteers must be at least 21 years of age. Once approved by the Superintendent, your name will be added to the volunteer list for the current school year. This agreement will expire on the last day of school.

Chaperones

Only approved volunteers can serve as chaperones for field trips or other school sponsored events. Sign up is done at the Campus Office and approved by the Principal on a "trip by trip" basis.

In connection with my desire to provide volunteer services to the Brackett Independent School District, I consent to and authorize the Brackett Independent School District and its agent to conduct a criminal history background check. This form does not authorize the district or any agent to perform any type of background check other than a criminal history check. I understand I have the right to review and challenge any negative information that would adversely impact a decision to allow me to volunteer at the district. I acknowledge that it is within the district's sole discretion as to whether I am allowed to volunteer services at the district.

CONFIDENTIAL

Criminal History Record for Volunteers

All information requested below is necessary to obtain your criminal history record information.

Please print.

Last Name	First	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence.

Mailing Address

Physical Address

City

County

State

Zip Code

Details of Pending Charges: _____

List other states of residence: _____

In case of emergency, contact:

Name	Relationship
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Phone / Cell Number(s)

I certify that all information provided in this form is true, correct, and complete. If it is later shown that any information is incorrect or incomplete, I understand that this would constitute grounds for denying me the opportunity to provide to the district voluntary services.

I understand that I am offering my services to the Brackett ISD without compensation, and I certify that I am at least 21 years of age.

I understand that all volunteers are expected to conduct themselves in a respectable manner at all times and serve as role models for the students. I will not use alcoholic beverages, use tobacco products, use or possess controlled substances or dangerous drugs, use inappropriate language, have inappropriate contact with students, or otherwise display inappropriate behavior. Volunteers are subject to the same standards of conduct as employees of the District.

I understand any children in my care who are not a part of the class or group, cannot accompany me while on campus or on any school owned vehicles.

If I am volunteering for an overnight trip, I understand that I am assuming 24-hour a day responsibility for students from the time they leave the district until the time they return.

Signature of Volunteer

Printed Name of Volunteer

Date

PLEASE NOTE THAT THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES, INCLUDING A RELEASE OF LIABILITY FOR INJURIES OR DAMAGES SUFFERED AND AN AGREEMENT TO INDEMNIFY BRACKETT ISD FOR CLAIMS ASSERTED AS A RESULT OF SUCH INJURIES OR DAMAGES. IF YOU HAVE QUESTIONS REGARDING THE EFFECT OF THIS RELEASE, YOU ARE ENCOURAGED TO CONSULT LEGAL COUNSEL.

***A signed DPS Computerized Criminal History (CCH) Verification form must accompany this agreement.**