



# 2017-2018 VOLUNTEER (VIPS) Application



Partners in Education . . . Where all roads lead to success.

Complete the following form and return to: Bastrop ISD, Partners in Education, 906 Farm Street, Bastrop, TX 78602 or fax to (512) 308-1607. Questions? Call 512-772-7180.

**PLEASE ALLOW UP TO TWO WEEKS FOR PROCESSING.**

**To complete your application, a copy of a valid government issued photo identification card must be attached with this application.**

## Contact Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Home/Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ BISD employee? YES NO  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Campus where volunteering \_\_\_\_\_  
 Student's Name \_\_\_\_\_ Campus \_\_\_\_\_  
 Student's Name \_\_\_\_\_ Campus \_\_\_\_\_  
 Student's Name \_\_\_\_\_ Campus \_\_\_\_\_

## Volunteer Opportunities

Please check all areas in which you would like to participate.

- |   |  |
|---|--|
| <input type="checkbox"/> Band Boosters        | <input type="checkbox"/> Lunch                             |
| <input type="checkbox"/> Book Fair            | <input type="checkbox"/> Mentor - Please call 512-772-7180 |
| <input type="checkbox"/> Choir                | <input type="checkbox"/> NJROTC                            |
| <input type="checkbox"/> Classroom            | <input type="checkbox"/> Office                            |
| <input type="checkbox"/> EarlyAct FirstKnight | <input type="checkbox"/> PTA                               |
| <input type="checkbox"/> Evening Events       | <input type="checkbox"/> Project Graduation                |
| <input type="checkbox"/> Health Screening     | <input type="checkbox"/> Story Time                        |
| <input type="checkbox"/> Hoopstars            | <input type="checkbox"/> Theatre                           |
| <input type="checkbox"/> Field Trips          | <input type="checkbox"/> Watch D.O.G.S.                    |
| <input type="checkbox"/> Library              | <input type="checkbox"/> Other _____                       |

## Bastrop Independent School District DPS Computerized Criminal History (CCH) Verification

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information that 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 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 to 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 records 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

Bastrop Independent School District

\_\_\_\_\_  
Agency Name (please print)

\_\_\_\_\_  
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: Volunteer/Mentor**

Approved  Not Approved

Initial \_\_\_\_\_

Date Printed \_\_\_\_\_

Initial \_\_\_\_\_

Rev. April 2013