



WEST ORANGE – COVE CISD

VOLUNTEER PROGRAM

902 W. Park Avenue, P.O. Box 1107

Orange, Texas 77631

Phone: 409.882.5500 Fax: 409.882.5452

Volunteer Checklist

Please make certain that the following items are complete in your Volunteer Packet:

“Yes, I am interested in Being a School Volunteer” Form:

- Please complete this form in entirety; it will remain with the campus and is your information contact sheet. Your phone number and email information will be used, as needed, to contact you. It also grants permission for the background check which is required by law for all school employees and volunteers.

“Criminal History Authorization” Form:

- This form is submitted to law enforcement for a background check. Please complete all boxes.

“Agency Copy” Form:

- This is page 2 of the Criminal History Authorization Form. It requires your signature at the bottom of the page. It also references fingerprinting and a cost. At this time, WOCISD does not fingerprint volunteers; therefore, **no cost is associated with volunteering**. However, the District is required to keep a copy of this form for audit purposes related to volunteer clearance. We appreciate your signature.

“Volunteer Information Card”:

- This form will remain in the front office of the campus on which you are assigned. Information will be referenced only in case of emergencies.

“Employee Waiver of Liability and Release” Form:

- This form is required of all employees and volunteers.



WEST ORANGE – COVE CISD

VOLUNTEER INFORMATION

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West Orange-Cove CISD welcomes volunteers in our schools. Volunteers assist teachers with tutoring students, performing clerical duties, preparing instructional materials, chaperoning, etc. If you are interested in volunteering, please complete the information below, along with both sides of a criminal history authorization form, and return both items to the Principal's office at your child's campus.

YES, I AM INTERESTED IN BEING A SCHOOL VOLUNTEER.

Volunteer/Parent's Name: _____ Home Phone: _____

Cell Phone: _____ Email address: _____

Address: _____ Campus: _____

Student's Name: _____ Teacher: _____ Grade: _____

Please check all areas in which you would like to volunteer:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Band Booster | <input type="checkbox"/> Computer | <input type="checkbox"/> Mentor | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Book Fair | <input type="checkbox"/> Copying | <input type="checkbox"/> Office Helper | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Bulletin Board | <input type="checkbox"/> Drama | <input type="checkbox"/> Project Graduation | <input type="checkbox"/> Chaperone |
| <input type="checkbox"/> Library | <input type="checkbox"/> Men of Excellence | <input type="checkbox"/> | <input type="checkbox"/> Classroom |

Other: _____

Volunteer Signature

Date

As needed, a campus/program will contact volunteers with specific assignments and requests. If you have questions or need more information, please call the Human Resources office at **882-5610**.

Volunteer forms/ criminal history clearances are also required. Thank you for being a part of the educational team at West Orange – Cove CISD. *Revised 6/2017*



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Phone: 409.882.5610 Fax: 409.882.5470

Criminal History Authorization

Texas Education Code 22.083 authorizes a school district to obtain the criminal history record of every applicant for employment or volunteer services with the school district. Therefore, as a part of your application process, you need to complete the following questions:

(Please Print)

Last Name	First Name	MI	Jr./Sr./etc...
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Driver License Number	State	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Birth Date (mm/dd/yy)	Sex (check one)	Race (check one)	
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White/Other	

Current Address

City State ZIP

Volunteers Only - List campuses or programs of interest to you:

Have you ever been convicted of or received deferred adjudication for a criminal offense? Yes No

If yes, please indicate the year, location and type of each offense. More facts may need to be discussed later.

Location: (city, state)	Offense:	Last Name:	Year:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby authorize School District and School District's agent(s) to obtain a consumer report on me. School District is authorized to use any source including, but not limited to, consumer reporting agencies, private investigators, and law enforcement agencies. Furthermore, I authorize any of these agencies to release information on me to School District or School District's agent(s).

I also hereby acknowledge that I have received a notice that a report may be obtained for employment purpose if applicable. I understand that the information I am providing about age, sex and ethnicity will not be used to determine my eligibility for employment or volunteer services, but will be used solely for the purpose of obtaining consumer information, including criminal history information. I further understand that information from my consumer report will not be used in violation of any applicable Federal or State equal employment opportunity laws.

Signature of Applicant Date

FOR OFFICE USE ONLY: (Check Only One)

<input type="checkbox"/> Employment Applicant	<input type="checkbox"/> Substitute Teacher
<input type="checkbox"/> Student Teacher	<input type="checkbox"/> Teacher Assistant
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Maintenance/Transportation/Food Service

(AGENCY COPY)

I, _____ have been notified that a computerized criminal

APPLICANT or EMPLOYEE NAME (Please print)

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.

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 m 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 \$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

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

_____/_____/_____
Date

<p>Please: Check and Initial each Applicable Space</p> <p>CCH Report Printed: YES___ NO___ _____ initial</p> <p>Purpose of CCH: _____</p> <p>Hired___ Not Hired_____ ___ initial</p> <p>Date Printed: ___/___/___ initial</p> <p>Destroyed Date: ___/___/___ initial</p> <p>Retain in your files</p>



WEST ORANGE-COVE CISD VOLUNTEER INFORMATION CARD

EVERY VOLUNTEER MUST COMPLETE THIS FORM

PLEASE PRINT

Circle:

DR., MR., MRS., MISS, MS

BIRTH DATE: _____
MONTH DAY YEAR

HOME PHONE: (_____) _____

LAST

FIRST

M.I.

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

IN CASE OF EMERGENCY

PLEASE CONTACT: _____ PHONE: (_____) _____
NAME

DRIVER'S LICENSE # & STATE: _____ SOCIAL SECURITY #: _____

SCHOOL OR LOCATION: _____ ASSIGNMENT: _____

Information on this card (home address, phone #) is public information unless stated otherwise. Please indicate your refusal below:

Do not allow public access to my home address, phone #, social security number or information on family members.

SIGNATURE: _____ DATE: _____



WEST ORANGE-COVE C.I.S.D.
Employee Waiver of Liability and Release

PLEASE READ THE FOLLOWING CAREFULLY. If you have any questions, have them answered before signing this document.

1. I am, or will be participating in the volunteer program offered by the West Orange Cove Consolidated Independent School District (“West Orange Cove CISD” or “District”). This program may entail limited physical activity and exertion by me. I recognize that such physical activity and exertion may cause or aggravate a physical injury or medical condition. I am fully aware of and accept the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding participating in the volunteer program and to receive prior approval from my physician to participate. I represent and warrant that I am physically fit and have no medical condition or injury which would prevent my participation in the volunteer program.
3. In consideration of being permitted to participate in the volunteer program, I agree to assume full responsibility for any risks, conditions, injuries, or damages, known or unknown which I might incur or aggravate as a result of my participating in same.
4. In further consideration of being permitted to participate in the volunteer program, I knowingly, voluntarily, and expressly waive any claim I may have or acquire against West Orange Cove CISD, and its Board of Trustees, officers, directors, employees, and agents, both past and present, for any injury, condition or damages that I may sustain as a result of entering or being on the premises or participating in the volunteer program.
5. I, my heirs or legal representatives, forever release, waive, and discharge any claims against West Orange Cove CISD for any injury, condition or death, which arises, is caused by, or is aggravated by reason of my participation in the programs.
6. I have read the above Release and Waiver of Liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Volunteer Signature

Date