



Gladewater ISD - Volunteer Application

Name of Volunteer: _____

Address: _____ City: _____

State/Zip: _____ Email: _____

Your Child's Campus: _____ Homeroom Teacher: _____
(if applicable)

Campus of Interest:

- Any/All
 Gladewater Primary (PK-1)
 Weldon Elementary (2-5)
 Gladewater Middle (6-8)
 Gladewater High (9-12)

Availability:

AM PM

- Mondays: _____ : _____
Tuesdays: _____ : _____
Wednesdays: _____ : _____
Thursdays: _____ : _____
Fridays: _____ : _____

My signature below indicates that whatever I see and or hear at Gladewater ISD is strictly confidential and will not be repeated in the community or elsewhere. My signature below also indicates that I understand the safety of the children enrolled at Gladewater ISD is extremely important. In order to ensure the safety of these children, I agree to allow Gladewater ISD to complete a criminal history search.

- Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)?

YES NO

**A felony conviction is not an automatic bar to volunteer. The district will consider the nature, date, and relationship between the offense and the position for which you are applying to volunteer.*

Signature: _____ Date: _____

(My name, phone number and email address will appear in the current Gladewater ISD Volunteer Directory)

GLADEWATER ISD CRIMINAL HISTORY INFORMATION REQUEST

Confidential*

The Gladewater Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name _____
Last First Middle

Social Security Number _____ Date of birth _____

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

Phone Number _____

Sex: Male Female

Ethnicity: Black White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used solely for the purpose of obtaining criminal history record information.

Signature

Date

* This form will be removed from the application and filed separately in the HR office.



DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

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: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	