

FOR OFFICE USE ONLY
 PD: ___ PASS ___ FAIL
 New ___ Returning ___
 Home Campus _____
 Badge: ___ Sent to Campus
 Picked-up on _____



Volunteer Application

Valid U.S. Issued Photo ID Required

The following information must be completed prior to volunteering. All new volunteers must attend a Volunteer Orientation. **Please note that volunteers must renew their application and background check each year.**

Contact Information

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ City: _____ Zip: _____

Cell or Home Phone: _____ Email Address: _____

Are you a returning NCISD volunteer? ___YES ___NO

Where would you like to volunteer? Campus(s) _____

Do you have children/grandchildren who attend NICSD schools? ___ YES ___ NO

If so, please list all schools where your children/grandchildren attend _____

Check the areas you are interested in volunteering:

<input type="checkbox"/>	Mentoring	<input type="checkbox"/>	Field Trips	<input type="checkbox"/>	Copy room	<input type="checkbox"/>	School dances	<input type="checkbox"/>	School Health Advisory Committee (SHAC)
<input type="checkbox"/>	Tutor	<input type="checkbox"/>	Library	<input type="checkbox"/>	PTO	<input type="checkbox"/>	Athletic events	<input type="checkbox"/>	Other

CODE OF ETHICS FOR NCISD VOLUNTEERS

I agree to...

1. Abide by New Caney ISD's Volunteer program guidelines.
2. Watch the volunteer orientation video <http://www.newcaneysid.org/volunteervideo>
3. Report any concerns regarding students to campus administration.
4. Be a positive role model and base my relationship with students and staff on respect.
5. Preserve the confidentiality of all information learned about students and their education.
6. Acknowledge that this school-based volunteer program involves contact with students during the school day *only*.
7. Immediately report to the campus principal, assistant principal, or school counselor if a student:
 - **Is the victim of sexual, emotional or physical abuse (or suspect abuse).**
 - **Is showing signs of extreme depression or threatens suicide.**
 - **Admits to being bullied**, especially by someone on the school campus.
 - **Is involved in any illegal activity**, including violent or illegal behavior and drug use.

I do hereby certify, warrant, and affirm that I will follow the NCISD Volunteer Code of Ethics. I understand that I am responsible for following all rules and guidelines presented in the NCISD volunteer training video.

Signature

Date

VALID PICTURE ID - REQUIRED



NEW CANEY ISD

**NEW CANEY INDEPENDENT SCHOOL DISTRICT
NEW CANEY, TEXAS**

Pursuant to Section 22.0835 of the Texas Education Code, NCISD is required to conduct a criminal history review. Board policy GKG allows the district to conduct criminal history check on all volunteers.

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK

Phone Number: _____ Social Security Number: _____

Please Print Clearly

Last Name: _____

First Name: _____

Other Last Name (i.e. maiden name): _____

List any other names you may have used: _____

Middle Initial: _____ Date of Birth ___/___/____ Sex (circle one): male female

Texas Driver's License Number: _____

Race/Ethnicity: (circle one) Asian/Pacific Islander, Black, Hispanic, American Indian/Alaskan, White

Current Address: _____ Apt. # _____

Current City: _____ Current County: _____

Current State: _____ Current Zip: _____

All Previous Addresses in the last 10 years, starting with the most recent.

Previous City/Town	County	State	From Date	To Date

VALID PICTURE ID - REQUIRED

Except for traffic violations such as parking and speeding, have you ever been convicted, fined, placed on probation, given a suspended sentence, given deferred adjudication, or forfeited bail in connection with any violation of law (misdemeanor or felony), regardless of any subsequent court dismissal, sealing or expungement? Yes _____ No _____

If you answered YES, please provide details below. Conviction of a crime is not an automatic bar to volunteering. The District will consider the nature and date of the offense.

Please explain circumstances: _____

Is there anything in your background that may be discovered which would cause you to be ineligible for participation in the Volunteer Program and/or should be disclosed to assist with the evaluation of your application and suitability for participating in the program? If yes, provide details.

I am an applicant for volunteering with the New Caney Independent School District and have been advised that, as part of the application process, the District will conduct a criminal history check. The District has informed me that I have the right to review and challenge any negative information reported, within a reasonable time frame established at the sole discretion of the District.

I hereby authorize any law enforcement agency, including a police department, the Texas Department of Public Safety and the Texas Department of Corrections, to release to this school district my complete criminal history record. I understand that the District is prohibited by Federal Regulations from providing me with a copy of my DPS criminal history record; however I further understand that upon my request, the District may quote to me data from the report. Thereafter, I have the right to challenge the accuracy of my DPS criminal history record.

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

I hereby certify that all information provided is true, correct, and complete. I understand that if any information is found to be incorrect or incomplete; the District has the right to remove me from all volunteer responsibilities.

Signature

Date

DPS Computerized Criminal History (CCII) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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 \$24.95 to the fingerprinting services company.

(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

Please:		
Check and Initial each Applicable Space		
CCH Report Printed:		
YES	NO	_____initial
Purpose of CCH: _____		
Empl	Val/Contractor	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
Retain in your files		