



# UNITED INDEPENDENT SCHOOL DISTRICT

## Parent Volunteer Checklist

Prospective volunteers shall fill out an application packet provided by the district. Below is the checklist to insure that your packet is complete. Turn in your application packet to your child's campus.

\_\_\_\_\_ **Form 1** Check List

\_\_\_\_\_ **Form 2** Volunteer Application completed and signed by the Principal and Applicant.

\_\_\_\_\_ **Form 3** Criminal History Record Information Authorization must be complete and questions must be answered YES or No. This form will be processed by the Human Resource Department. Criminal Background checks from local law enforcement agencies are NOT acceptable.

\_\_\_\_\_ **Form 4** Computerized Criminal History Verification form must be signed and dated.

\_\_\_\_\_ **Form 5** Certificate of examination of volunteer for Tuberculosis that discloses the results of the test must be turned in for new applicants.

Copy of Identification such as a drivers license, passport or Texas ID

### Please Note:

1. Volunteer application must be renewed yearly. Effective August 1<sup>st</sup> thru July 31<sup>st</sup>
2. TB test is not required if the applicant was "Approved the Prior School Year".
3. Application processing will be approximately 7 to 10 work days from the received date at the Office of Admissions and Family Services.
4. UISD Employees are required to submit a current application and a copy of the current school year United I.S.D. picture tag for annual renewal.

For more information contact your Campus Parent Volunteer Coordinator.



# UNITED INDEPENDENT SCHOOL DISTRICT

201 Lindenwood Dr. – 956.473.8772 – FAX: 956.473.6442

## PARENT VOLUNTEER APPLICATION

<b>School Year</b> 20__ - 20__
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(PLEASE PRINT IN BLACK OR BLUE INK ONLY)

Name \_\_\_\_\_ Last 4 digits of S.S.# \_\_\_\_\_

Last First Middle Initial

Other name which may appear on Official Records \_\_\_\_\_

Permanent Address \_\_\_\_\_

Street/Box City State Zip Code

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Check area(s) for which you are volunteering:  Coaching  Field Trips  Classroom  Other

Were you an approved Parent Volunteer last school year? Yes \_\_\_ UISD Campus \_\_\_\_\_

Are you a United I.S.D. employee? If YES \_\_\_ Attach copy of current school year ID \_\_\_

Are you a current United I.S.D. student? Yes \_\_\_ No \_\_\_

If you are a new applicant a current TB test is required. Date of current TB test or Chest X-ray \_\_\_/\_\_\_/\_\_\_

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. ANY FALSIFICATION OF THESE RECORDS WILL BE SUFFICIENT CAUSE FOR DISQUALIFICATION. Furthermore, it is understood that this application becomes the property of the United I.S.D., which reserves the right to accept or reject it. References and personal information which becomes a part of this record are to be regarded as confidential and shall not be revealed to me.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Applicant Signature (Date)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Parent Signature (Date)

(Required if applicant is a United I.S.D. student)

Campus: \_\_\_\_\_

Signature of Principal \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Campus: \_\_\_\_\_

Signature of Principal \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Campus: \_\_\_\_\_

Signature of Principal \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

FOR DEPARTMENT USE ONLY

School / Parent Volunteer Application

Approved  Not Approved

Criminal History Record

Approved  Not Approved

\_\_\_\_\_  
 Coordinator Date

\_\_\_\_\_  
 Print Signature Date



# UNITED INDEPENDENT SCHOOL DISTRICT

## Human Resources Department

201 Lindenwood Rd., Laredo, Texas 78045; (956) 473-6273; Fax (956) 473-6303

### CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FOR STUDENT TEACHERS AND VOLUNTEERS

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

I authorize the United Independent School District to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency and to use said information for the purpose of evaluating my application for employment or volunteering.

**In order to obtain a criminal check you must be 18 years or older.**

#### PERSONAL INFORMATION

Legal Name: _____	Date of Birth: ____/____/____
<small>First Name                      Middle                      Last Name</small>	
Address: _____	City: _____ State: _____ Zip Code: _____
Sex: _____	Driver's License Number/State: _____
<small>Male or Female</small>	

Moral turpitude is an act of baseness, vileness or depravity in the private or social duties outside the accepted standards of decency and that shocks the conscience of an ordinary person, including, but not limited to theft, murder, rape, swindling and indecency with a minor.

- Yes     No    Have you ever been arrested?  
 \* An arrest is not an automatic bar to volunteering. The district will consider the nature and date of the offense, and the relationship between the offense and the volunteer position for which you are applying. If yes, please attach a statement of the nature of the offense.
  
- Yes     No    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)?  
 If yes, please attach statement of the nature of the offense:
  
- Yes     No    Have you ever been charged with, been convicted of, received deferred adjudication (probation), pled guilty or nolo contendere for an offense of capital murder, attempted murder, murder, voluntary manslaughter, involuntary manslaughter, indecency with a child, injury to a child or elderly or disabled individual, kidnapping, deadly weapon was used or exhibited or for any felony related to the manufacture, delivery or possession of marijuana, a controlled substance, or dangerous drug? "Conviction" shall include probation or deferred adjudication (probation), a finding of guilt or acceptance by the court of a plea of guilty, or nolo contendere review each application according to the criteria set forth in the district's DC (Local) policy.

**Volunteer/Student Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(required if applicant is a UNITED I.S.D. student)

#### Sec. 22.0835. Access to Police Records of Employment Applicant

(a). A school district, open-enrollment charter school, or shared services arrangement shall obtain from the department and may obtain from any other law enforcement Or criminal justice agency or a private entity that is a consumer reporting agency governed by the Fair Credit Reporting Act (15 U.S.C. Section 1681 et seq.), all criminal history record information that relates to: (2) a volunteer or person who has indicated, in writing, an intention to serve as a volunteer with the district, school, or shared services arrangement. © A person to whom Subsection (a) or (b) applies must provide to the school district, open-enrollment charter school, private school, regional education service center, or shared services arrangement a driver's license or another form of identification containing the person's photograph issued by an entity of the United States government.

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a computerized criminal 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 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 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 \$9.95 to the fingerprinting services company, L1Enrollment 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 <b>Signature and date required for processing</b>	_____ Date
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**FOR DEPARTMENT USE ONLY**

**United I.S.D.**  
 \_\_\_\_\_  
 Agency Name (Please print)

\_\_\_\_\_  
 Agency Representative Name (Please print)

\_\_\_\_\_  
 Signature of Agency Representative

\_\_\_\_\_  
 Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES	NO _____ initial
Purpose of CCH: _____	
Hire	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

**UNITED INDEPENDENT SCHOOL DISTRICT  
 CERTIFICATE OF EXAMINATION OF SCHOOL PERSONNEL/VOLUNTEERS  
 FOR TUBERCULOSIS  
 HEALTH SERVICES DEPARTMENT**

CAMPUS/DEPT \_\_\_\_\_

THIS IS TO CERTIFY THAT \_\_\_\_\_  
 NAME (LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

RECEIVED A TUBERCULIN TEST: PPD TINE  
 \_\_\_\_\_ DATE RESULT:  0MM  \_\_MM RESULT:  NEGATIVE REACTION  POSTIVE REACTION

\_\_\_\_\_  
 Print Physician's Name Physician's Signature Required

Please provide stamp of agency for authentication

**THIS PORTION FOR CHEST X-RAY ONLY:**

RESULTS:  NORMAL CHEST FINDING  NOT DONE  
 ABNORMAL CHEST FINDING

AND WAS FOUND TO \_\_\_\_\_ ACTIVE TUBERCULOSIS.  
 (be free of) or (have)

PHYSICIAN RECOMMENDATION:

DATE: \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE OR STAMP  
 \_\_\_\_\_  
 TEXAS MD-DO LICENSE NO#

In order to comply with Texas Law (VTCS 4477-12, Sec 5), the examination must be completed and the certificate with results must Be furnished to the governing board of the public school prior to the commencement of the individual's duties.