Seguin exceptional students to exceptional citizens
INDEPENDENT SCHOOL DISTRICT

VOLUNTEER PROGRAM APPLICATION

As volunteer of the ***Seguin ISD***, I understand that I may have access to confidential information about students, students' families, and staff that is not to be shared or discussed with anyone other than designated personnel.

I understand that in the course of my volunteer time the behaviors and abilities of students, teachers and staff are never appropriate topics for discussions outside of school. This information may relate to general items such as address and telephone number or specific student information including academic performance, behavior, disabilities, and related matters.

I understand that academic and personal information about a student should be shared only with the appropriate teachers and school staff and should not be shared with community member, family, friends, or parents of other students. All communication with parents should be handled by school staff.

I also understand I am prohibited from sharing or communicating information about a student or identifying a student on social media.

I understand that if there is a violation of these guidelines, it may result in termination of my volunteer services.

CONFIDENTIALITY STATEMENT

By signing below, I indicate I have read and agree to comply with the conditions stated above.

_____ _____

Volunteer Date

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VOLUNTEER PROGRAM APPLICATION

If you would like to volunteer in a classroom, on a campus, on a field trip, mentor, or chaperone students, you must complete this application and submit the original signed copy to the campus office.

In order to determine suitability for volunteering and/or mentoring in a school setting, I authorize Seguin Independent School District, pursuant to Texas Education Code Section 22.083, to obtain any criminal history record information. I understand that this may include a search of local, state, and/or federal law enforcement agency records and hereby expressly release any and all information these agencies may provide. Completed CCH Form must be submitted along with this form.

Please print all information legibly (except signature)

Name: _____

(Last), (First) (Middle)

Date of Birth: _____ Driver's License Number: _____ State: _____

Telephone Number: _____ Email: _____

I am a parent, guardian, or grandparent of the following student(s) who attend Seguin ISD:

Student's Name	*Student's Campus*
_____	_____
_____	_____
_____	_____
_____	_____

Campus(es) I wish to volunteer/mentor:

_____

As a volunteer/mentor, I agree to abide by the following

1) I will check in at the campus main office and wear identification provided by the school each time I visit.
2) I will dress and act in an appropriate manner at all times.
3) I will maintain confidentiality outside of school and will share with teachers and/or administrators any concerns that I may have related to student welfare and/or safety.
4) I will not disclose, use or disseminate student photographs or personal information regarding students to anyone, to include on social media (Facebook, Twitter, etc.)
5) I will not have contact with students outside of school hours without the knowledge and/or consent of the student's parents.
6) This completed application along with the signed CCH Form must be submitted to the campus office at least five (5) school days prior to an event I would like to volunteer/chaperone.

Signature: _____ Date: _____

THIS FORM IS NOT TO BE USED AS A CONSENT/AUTHORIZATION FORM.
Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal 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. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F https://statutes.capitol.texas.gov/.

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.

Optional Only: If the agency directly requests that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search, I can make an appointment with the Fingerprint Applicant Services of Texas (FAST) by visiting the Crime Records General Information | DPS (texas.gov) *Review of Personal Criminal History* or call 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.

Applicant Signature:	Date:
Sign and date to acknowledge the statement above.	

Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:
Authorized Searcher:
Signature of Authorized Searcher:
Date of Search:

Section 3: Agency use only. Name Based CHRI /CCH Tracking information. Check all that apply.

Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of CHRI stored by agency?	**Reminder: DPS does not recommend storing any part of CHRI.** ☐ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.
CHRI Retention Period	☐ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ☐ Digital/Electronic (on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	**Reminder: CHRI must be destroyed after authorized purpose has ended.**
Destruction Method	Explain:

CHRI + Audit Resources (CJIS Launch Pad) link