



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



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. **Seguin ISD will NOT run a background check on a parent, guardian, or grandparent of a current SISK student. However, this form MUST be returned to the campus office and must be cleared by Seguin ISD Human Resources prior to any volunteer activities. A completed CCH Form must be submitted along with this form if you are not a parent, guardian or grandparent.**

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: _____

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/Review%20of%20Personal%20Criminal%20History) 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

Seguin ISD

Agency Name (Please print)

Anita Cisneros

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: <u>community member volunteer</u>	
Empl _____	Vol/Contractor <u>x</u> _____ initial _____
Date Printed: _____	_____ initial _____
Destroyed Date: _____	_____ initial _____
Retain in your files	