

# COMMERCE INDEPENDENT SCHOOL DISTRICT

## *Volunteer Application*

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

Name(s) of Children Enrolled at Commerce ISD:

I wish to volunteer at the following CISD School (please circle all that apply): CES ACW CMS CHS Other

Day(s) Available: \_\_\_\_\_ Time(s) Available: \_\_\_\_\_

### *Volunteer Service Preferred:*

_____ Tutoring	_____ Chaperone School Trips
_____ Making Teacher Materials	_____ At-home Work/Assistance
_____ Library Work	_____ Clerical/Office Work
_____ Assistance at Special Events	_____ Assist with Fundraising
_____ Band Volunteer	
_____ Other Volunteer Assignments Not Listed (Please Describe): _____	

### *Volunteer Agreement*

Please read carefully and initial each of the following statements. Failure to comply with any portion of this agreement can result in volunteer privileges being revoked.

- \_\_\_\_\_ I understand that I must have a clear criminal history check to work with CISD students, and within CISD buildings or facilities.
- \_\_\_\_\_ I agree to maintain confidentiality regarding students and staff.
- \_\_\_\_\_ I know that I must remain in my assigned area of the building and may not be able to be in the classroom with my child(ren).
- \_\_\_\_\_ I agree to adhere to all standards of conduct and dress expected of other staff on campus.
- \_\_\_\_\_ I will not bring siblings/other children to the campus when I have been assigned an area of responsibility.
- \_\_\_\_\_ I will let the supervising staff person know if I cannot keep a scheduled volunteer time.
- \_\_\_\_\_ I know that I must use ONLY the front entrance every time I enter and exit the building, regardless of my assigned area of duty.
- \_\_\_\_\_ I will sign-in and sign-out with front office staff any time I am on a CISD campus.
- \_\_\_\_\_ I will wear a visitor/volunteer badge identifying myself as a CISD volunteer any time I am on the property, or participating in a function of CISD. I realize that my visitor/volunteer badge must be clearly visible at all times. I understand that if I fail to properly identify myself as a visitor/volunteer, I may be escorted to the office, or be asked to leave the premises.

I, \_\_\_\_\_, have read, understand, and agree to follow each of the above statements, as well as any/all other expectations and stipulations as instructed by CISD Administration or my supervising program staff personnel.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

# COMMERCE INDEPENDENT SCHOOL DISTRICT

## *Volunteer Application*

### *Personal References*

1.) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number \_\_\_\_\_

2.) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number \_\_\_\_\_

3.) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number \_\_\_\_\_

### *Office Use*

Reference Check Summary:

1.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### *Supervising Staff Agreement*

As supervising staff person for this volunteer, I understand that it is my responsibility to assign, direct, and oversee any duties and services performed by this volunteer.

\_\_\_\_\_  
*Signature of Supervising Staff*

\_\_\_\_\_  
*Date*

**Criminal History Check Cleared:**    Y        N        Pending

**CISD Police Department Approval:**

\_\_\_\_\_  
*Signature of CISD Police Chief*

\_\_\_\_\_  
*Date*

**CRIMINAL HISTORY RECORD INFORMATION REQUEST**

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**Confidential\***

The Commerce 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 \_\_\_\_\_ Phone \_\_\_\_\_  
*State and Number*

Mailing Address \_\_\_\_\_  
*Street City State Zip*

Sex:  Male  Female      Email Address: \_\_\_\_\_

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

A copy of your driver's license must be attached to this form.

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

# 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.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using name and DOB method. Therefore, 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.

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 make an appointment with the contracted provider, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$48 to the fingerprinting services company.

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)**

For Agency Use Only:

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

**Commerce ISD**

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

**Kathy Logan**

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

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

\_\_\_\_\_  
Date

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