

# Mineola Independent School District

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## Volunteer Application

*Return completed application to the Director of Human Resources.*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

### SKILLS & INTERESTS:

I am interested in volunteering at the following levels:

Any school  High School  Middle School  Elementary  Primary

I am interested in volunteering in these areas: (Check all that apply)

Classroom Support  Field trip chaperone  Career Day  Material Prep  Concessions

Other \_\_\_\_\_

Please list any special skills/knowledge you could share (hobbies, ethnic cultures, foreign language, etc.)

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### Volunteer Code of Conduct Agreement

As a volunteer, I agree to abide by the following code of conduct:

- I will complete and submit a new Volunteer Application each school year.
- I will sign in and out at the front office each visit.
- I will wear my volunteer name badge at all times while on campus.
- I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
- I will maintain confidentiality of all school or classroom information.
- I will share with teachers and/or school administrators any concerns that I may have related to student welfare or safety.
- I will not supervise a class in the absence of a certified teacher.
- I will not discipline or directly teach students.
- I will not establish or make decisions about instructional objectives.
- As a role model for students, I will dress and act appropriately.
- I agree only to do what is in the best interest of every child with whom I come into contact.
- I agree to follow the Volunteer Code of Conduct at all times or risk being dismissed from my volunteer placement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Criminal History Record Information

*Note: Any arrest Record will be noted on the Criminal History Record obtained by the school.  
All information is kept confidential.*

**PLEASE PRINT AND COMPLETE ALL INFORMATION**

**\*INCOMPLETE FORMS WILLNOT BE PROCESSED\***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Other name that may appear on records \_\_\_\_\_

Date of birth \_\_\_\_\_

Sex:  Male  Female

Racial and Ethnic Identity:

Choose one Ethnic Identity:

- Hispanic/Latino  
 Not Hispanic/Latino

Choose one or more Racial Identities (regardless of ethnicity):

- White  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 American Indian or Alaska Native

I understand that the information I am providing about age, sex and ethnicity will not be used to determine eligibility for volunteering but will be used solely for the purpose of obtaining criminal history record information. This information is considered confidential and will not be used for any other purpose other than the background check.

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/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 \$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

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

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

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

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	