

Gonzales

Independent School District
830-872-9351

Join the Gonzales ISD Volunteer Family

Come join us Prepare our Students for Tomorrow—B A Volunteer

gonzales.isd.net

Return this completed form to Administration Office or send to: Gonzales ISD, P O Box 157, Gonzales, Texas 78629

Physical Address: 1711 N. Sarah Dewitt Dr., Gonzales, Texas

- Booster Club
 Small Group Intervention
 District Committees
 Field Trips
 Library Help
 Technology
 PTO
 Tutor/Mentor
 Extra Curricular Activities
 Special Projects
 Career Exploration Activities
 Landscape Assistance

(Please check any area that may interest you)

Mr. Ms. Mrs. Dr. Volunteer's Name: _____ Date _____

Street Address: _____ Apt# _____

Mailing Address City _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone: _____ Email _____

Time Available: From _____ to _____ Days Available _____

School(s) of Interest _____ Grade(s) of Interest _____

Languages Spoken: _____

In Case of emergency while volunteering contact _____ Contact Phone # _____

You are helping as a (please check) Parent Student Retiree Grandparent Other
 Business Partner _____ (name of Business)

If you have children in this school/district:

Student Name: _____ School _____ Grade _____ Teacher _____

Student Name: _____ School _____ Grade _____ Teacher _____

Student Name: _____ School _____ Grade _____ Teacher _____

You Must attach a copy of your current state or federal photo ID to this application or it will not be processed.

The required criminal background check may take up to two weeks to process. Forms will not be processed after _____ unless the applicant is new to the district. Once you have been cleared to volunteer and received your photo ID badge, the form will be forwarded to the campus facilitator. NOTE: At the end of each school year, volunteers must return their badges to the Superintendent's office. Volunteers who keep their badges will not be permitted to volunteer until the old badge is returned and replaced by a new badge for the following year. All badges will be replaced every year.

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

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

CRIMINAL HISTORY INFORMATION REQUEST

Confidential

The Gonzales 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 _____
State and Number

Mailing Address _____
Street City State Zip

Sex: Male Female

Ethnicity: Black White/Other

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

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

Confidentiality and Commitment Guidelines

It is important to understand the following guidelines when working with students and school information

Please read carefully and then sign giving your Pledge to confidentiality.

Statement of Confidentiality

Mentors/Volunteers must ensure confidentiality and privacy in regard to student, staff or other information and discussions about the individual, progress or families that we serve. Any and all information pertinent to an individual's progress, behavior or personal advancement or intervention must be kept private and confidential. Any disclosure must be shared with the classroom teacher and/or the principal or designee. Mentors/Volunteers shall not disclose any information about a person to anyone outside of this organization in writing, by phone or by verbal discussion unless authorized by the principal or designee as it relates to legal statute. The principle of confidentiality shall be maintained in all activities, on all campuses, and departments.

Mentors/Volunteers will not discuss any individual's record(s) with unauthorized individuals, whether on or off duty.

Pursuant to board policy on confidentiality related to students and staff, I pledge to act professionally and honorably at all times while in the service of the Gonzales ISD district, campus or department of Gonzales ISD. My pledge includes a commitment to the above statement.

Mentor/Volunteer (PLEASE SIGN AND DATE)

Principal/Director/Designee

RETURN THIS FORM TO THE CAMPUS PRINCIPAL BEFORE YOU START YOUR VOLUNTEER/MENTORING.