



# CAMPBELL INDEPENDENT SCHOOL DISTRICT

480 N. PATTERSON STREET CAMPBELL, TX 75422 PH# 903-246-9315 [www.campbellisd.org](http://www.campbellisd.org) FAX# 903-246-9011

DR. DENISE MORGAN, SUPERINTENDENT

## Volunteer Application Form

Forms must be complete and printed legibly for us to complete the process.  
New form must be complete each year (Aug.-July)

Last name First name Middle name

\_\_\_\_\_ Check all that apply: \_\_\_\_\_ Phone  
\_\_\_\_\_ Email address \_\_\_\_\_

Volunteer for Field Trip only \_\_\_\_\_ Campus Volunteer \_\_\_\_\_ Observation Only \_\_\_\_\_

Booster/Organization Volunteer \_\_\_\_\_

### Criminal History Authorization Information:

In accordance with Texas Education Code §22.0831 – §22.0836 and Board Policy DBAA (LEGAL) certified employees, noncertified employees, substitute teachers, student teachers, employees of shared services arrangements, volunteers, and certain employees of school district contractors are subject to some form of criminal history review. Certain employees, volunteers, and contractors require fingerprinting while others require only a name-based criminal history review. Individuals that have the name based review must fill out the district's criminal history authorization form. I understand the information provided will be used for the purpose of obtaining criminal history record information below only and will not affect employment or volunteer opportunities. Additional information about criminal background checks can be found in district policy.

\_\_\_\_\_ City, County, State of Birth

\_\_\_\_\_ Social Security Number \_\_\_\_\_ Ethnicity (AA, Amer.Ind., W, H, Asian, Other)  
\_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Male \_\_\_\_\_ Female

\_\_\_\_\_ Driver's License Number or State ID \_\_\_\_\_  
\_\_\_\_\_ Issuing State \_\_\_\_\_ Expiration date

Any other name used including maiden: \_\_\_\_\_

List all other states or countries in which you have lived the past 10 years: (city, county, state, and/or country)

\_\_\_\_\_

Name and contact information will be shared with non-district employees coordinating our volunteers.

\_\_\_\_\_ Date  
\_\_\_\_\_ Signature

\*\*\*This page will be shredded upon completion of your background check.

## DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me. In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory](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 \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_ Yes \_\_\_ No \_\_\_ Initial  
Purpose of CCH: \_\_\_\_\_  
\_ Signature of Applicant or Employee \_ Empl. \_\_\_\_\_ Vol/Contractor \_\_\_\_\_  
Date: \_\_\_\_\_ Initial  
Agency Name: Campbell ISD Date Printed: \_\_\_\_\_ Initial  
Destroyed Date: \_\_\_\_\_ Initial

**Retain in your files.**

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

Date: \_\_\_\_\_

(Revised 7/2017)

**PLEASE**

Check and initial each applicable space  
CCH Report Printed: