

Henderson ISD
201902

COMMUNITY RELATIONS
SCHOOL VOLUNTEER PROGRAM

GKG
(EXHIBIT)

The following exhibits may be used in filling volunteer positions in the District:

Exhibit A: Application for Volunteers — 1 page

Exhibit B: Criminal History Record Information Addendum — 1 page

Exhibit C: DPS Computerized Criminal History (CCH) Verification – 1 page

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HENDERSON ISD
Volunteer Application STARS Program
(Sharing Time, Abilities, and Resources with Students)

Today's Date _____

Campus _____

Name _____ / _____
(Last) (First)

Spouse _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Birthday _____ (Month & Day)

List the name(s) of your child(ren), grade level, and the name of the teacher for whom you wish to volunteer.

Child	Grade	Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Classification
Parent _____ Grandparent _____ Retiree _____
Community _____ Other (explain) _____

Time Availability

Please check

Daily _____ Weekly _____

Special Occasions _____ Field Trips _____

I prefer working at:

Wylie Primary Pre K _____ Headstart _____
Kindergarten _____

Wylie Elementary 1st _____ 2nd _____ 3rd _____

Northside 4th _____ 5th _____

Middle School 6th _____ 7th _____ 8th _____

High School 9th _____ 10th _____
11th _____ 12th _____

VOLUNTEER OPPORTUNITIES

(Please check those you prefer)

- | | |
|---|--|
| <input type="checkbox"/> Clerical Helper | <input type="checkbox"/> Library Helper |
| <input type="checkbox"/> General help to classroom teacher | <input type="checkbox"/> Field Trip Monitor |
| <input type="checkbox"/> Reading Helper | <input type="checkbox"/> Math Helper |
| <input type="checkbox"/> Art, Music, or Drama Assistant (please circle) | <input type="checkbox"/> Volunteer Center Participant |
| <input type="checkbox"/> Translator/Interpreter | <input type="checkbox"/> Junior Achievement Consultant |
| <input type="checkbox"/> Guest Speaker | <input type="checkbox"/> EAGLE Mentor (4 th , 5 th , or 6 th grade) |
| <input type="checkbox"/> Special Education Helper | <input type="checkbox"/> Little EAGLE Mentor (K, 1 st , 2 nd , or 3 rd grade) |
| <input type="checkbox"/> Bus Monitor | |

I understand that I will receive no pay but will be willing to accept responsibilities with a professional attitude and will make every effort to appear each day for the time my service is scheduled.

Signature _____ Date _____

Please return this form to the Principal's Office or to the
HISD Community Resource Office, P.O. Box 728 Henderson, Texas 75653

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HENDERSON ISD
CRIMINAL HISTORY RECORD INFORMATION ADDENDUM
(CONFIDENTIAL*)

Henderson ISD is authorized by state law to obtain criminal history record information on any person who has indicated in writing an intention to serve as a volunteer with the District. For the protection of our students, Henderson ISD needs the information requested below to obtain this criminal history record information.

Full name (*print*) _____
(Last) (First) (Middle)

Date of birth _____
(month-day-year)

Sex: ___ Male ___ Female

Ethnicity: _____

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for a volunteer position 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 office of the volunteer coordinator.

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(EXHIBIT)

HENDERSON ISD
DPS Computerized Criminal History (CCH) Verification
(Agency Copy)

I, _____, have been notified that a computerized
APPLICANT or EMPLOYEE NAME (Please Print)
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.

Because the name based information is not an exact search and only fingerprint record
searches represent true identification to criminal history, Henderson ISDis not allowed to
discuss any information obtained using this method, therefore Henderson ISD may offer
the opportunity to have a fingerprint search performed to clear any misidentification
based upon the name search, if the search provides a criminal report I know could not
be mine.

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 have the correct fingerprinting (FAST) form from Henderson ISD, make
an online appointment, submit a full and complete set of my fingerprints, and pay a fee
of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is complete and Henderson ISD receives the data from DPS, the
information on my criminal history record may be discussed with me.

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

Signature of Applicant or Employee

_____/_____/_____
Date

Henderson ISD

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 _____		
Hired ___	Not Hired ___	___ Initial
Date Printed ___/___/___		___ Initial
Destroyed Date ___/___/___		___ Initial
Retain in your files		