



SFISD VOLUNTEER APPLICATION FORM

(Volunteer Position Title, ie. Classroom Aide, etc)

SECTION I

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ E-mail: _____

SECTION II

Previous Volunteer Experience _____

Occupation (Past occupation if retired): _____

Other information that will help us make a good match (such as education, general interests/hobbies) _____

Languages Spoken: _____

SECTION III

Availability and Volunteer Assignment Preferences

Please Check All That Are Applicable:

I Am Available Mornings (Mon-Fri) Afternoons (Mon-Fri) Evenings (Mon-Fri)
 Weekends Once A Week More Than Once A Week
 One Time Only As Needed OTHER

I Could Serve More Than One Classroom: Yes No

Please Circle All That Are Applicable:

William F. Barnett R. J. Wollam Elementary Dan J. Kubacak Elementary

Santa Fe Junior High Santa Fe High School

SECTION IV

Do You Have A Valid (State) Driver's License? Yes No

License Number: _____ Vehicle License Plate Number _____

Have You Ever Been Arrested or Convicted For a Violation Of Any Laws, Traffic Or Otherwise? Yes No

If Yes, Please Explain: _____

Do You Have Any Physical Condition that May Limit Your Activities? Yes No

If Yes, Describe: _____

Who To Notify In Case Of An Emergency? _____

Telephone Number: _____

I hereby give my consent to conduct a Criminal History background check. I agree to abide by the Santa Fe ISD Volunteer Guidelines including complying with the Santa Fe ISD Professional Dress Standards and Confidentiality Statement. I also understand that I may be removed for inappropriate behavior or misconduct that impedes the daily operation of the campus GKG (LEGAL).

Signature Of Applicant

Date

- ATTACHMENTS: Santa Fe ISD Volunteer Guidelines
Criminal History Form
Santa Fe ISD Professional Dress Standards
Confidentiality Statement

SANTA FE INDEPENDENT SCHOOL DISTRICT
Criminal History Information

CAMPUS/CLASSROOM VOLUNTEER

District Employee – Answer Yes/No _____
If yes, what campus/dept. _____

CONFIDENTIAL*

Valuing student safety and security is one of Santa Fe School District's highest priorities. Santa Fe I.S.D.'s Board Policy GKG (Legal) requires all volunteers to sign a statement of consent allowing the District to obtain their criminal history record. The information requested below is necessary to obtain this information. Every area must be complete.

PLEASE PRINT

Legal Name _____
Last First Middle

Address _____
Street City Zip

Phone (____) _____ Sex: (F=Female, M=Male)..... _____

Ethnicity: ____ (B)Black ____ (W)White ____ (H)Hispanic ____ (I)American Indian
____ (A)Asian or Pacific Islander ____ (U)Other _____

*Date of Birth _____ *Last 4 Digits of Your Social Security Number _____
Month Day Year

Student's Name _____ Grade Level _____

Your Relationship to the Student _____

Building(s) where you will be volunteering. _____

If you know the teacher(s) name you will be volunteering with please list.

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.

I understand this information will be maintained in a confidential file in the Personnel Office.

Signature _____ Date _____

Revised 8/19/2014

Official Use Only Below This Line

Date Approved: _____ Dated Denied: _____ Date Chief Notified: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

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 /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 \$24.95 to the fingerprinting services company.

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

Signature of Applicant or Employee

Date

Santa Fe I.S.D.

Agency Name (Please print)

Brandy Meade

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:	
Emp	Vol/Contractor ___ ___ initial
Date Printed:	___ ___ initial
Destroyed Date:	___ ___ initial
Retain in your files	

SANTA FE INDEPENDENT SCHOOL DISTRICT



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www.sfid.org

Patti Hanssard
Assistant Superintendent for Human Resources
Patti.Hanssard@sfisd.org



"Your Employer of Choice in Education"

**Santa Fe Independent School District
Confidentiality Statement**

I _____ understand that in the course and scope of my volunteering, I may obtain propriety information and/or information that is otherwise confidential. The information may be confidential by state or federal law (e.g. FERPA, HIPPA) and/or District Policy. I agree not to disclose such confidential information except as may be allowed and/or required by law or District policy. I further agree to exercise due diligence to safeguard against the negligent disclosure of such confidential information by putting procedures in place to ensure that it is not left unattended or unsecured in a paper or digital format. I agree that if I have questions about whether certain information is confidential, I will ask campus administration for clarification before disclosing. I further agree that if I become aware of the improper disclosure of confidential information – whether intentional or not – I will promptly notify the campus principal or the Assistant Superintendent for Human Resources.

Signature

Date