ROBSTOWN INDEPENDENT SCHOOL DISTRICT
801 North First Street
Robstown, Texas 78380
(361) 767-6600
www.robstownisd.org

VOLUNTEER REQUIREMENTS

The Texas Education Code, 22.053, (b) defines a school district volunteer as *"a person providing services for or on behalf of a school district, on the premises of the district or at a school-sponsored or school –related activity on or off school property, who does not receive compensation in excess of reimbursement for expenses."*

Volunteers, chaperones for field trips, booster club members, parental involvement, student teachers and observers, classroom and office support, library support, and **any** ongoing support for student activities at a school site, etc. will need to complete a Volunteer Packet if they will have contact with students or will volunteer during school hours.

Anyone interested in serving as a RISD school volunteer for the current school year must do the following:

- Submit a completed Volunteer Application and Consent Form; and DPS Computerized Criminal History (CCH) Verification Form;
- A Social Security Number may be requested in order to verify criminal history records. District Policy GKG (Legal) requires a criminal history record of all prospective school volunteers;
- Provide the District with a copy of a valid (unexpired) Texas Driver's License or another form of identification containing the person's photograph issued by an entity of the United States government to the campus parental involvement aide or to the campus/director designee.

Once volunteers meet these requirements, the campus administrator or parental involvement aide will receive an "Authority to Report to Volunteer" which allows the volunteer to begin service. **Volunteers must not report for service until an "Authority" has been issued.** Volunteer applications will be inactivated on June 30.

If you wish to volunteer for the next school year, you will need to repeat the process beginning July 1. **EXCEPTION: Volunteer applications for Parental Involvement will repeat the process beginning April 1.**

Student Observers will not be allowed to observe during student testing dates. Student Observers should schedule their visits with the campus/director administrator or designee.

For questions, call Cynthia Espinoza in the Office of Human Resources at 361-767-6600 Ext. 2062.

Volunteering at _____Campus

ROBSTOWN INDEPENDENT SCHOOL DISTRICT
VOLUNTEER APPLICATION AND CONSENT FORM
ACADEMIC SCHOOL YEAR: 20 ____ – 20____

With the problems we have in society, it necessitates being able to check the people volunteering in our schools. Robstown ISD requires prospective school volunteers to complete and sign a volunteer application and consent form allowing the District to secure criminal history record information on the prospective volunteer. RISD appreciates your willingness to be a volunteer in our schools.

The Robstown Independent School District is authorized by state law to obtain criminal history record information on volunteers being considered with the district (Texas Education code §22.083). The information requested below is necessary to obtain a criminal history record.

PERSONAL INFORMATION:
(1) FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

(2) SOCIAL SECURITY NUMBER: _____ (3) DATE OF BIRTH: _____

(4) GENDER: _____Male _____ Female (5) ETHNICITY: _____Hispanic _____Not-Hispanic

(6) RACE (CHECK ONE): _____ American Indian or Alaska Native _____ Asian _____ White
_____ Black or African American _____ Native Hawaiian or Other Pacific Islander

(7) VALID DRIVER'S LICENSE or ID NUMBER: _____ ISSUING STATE:_____
The prospective volunteer applicant must provide to the District a driver's license or another form of identification containing the person's photograph issued by an entity of the United States government.

CURRENT ADDRESS:
(8) Mailing Address:_____
Number and Street or PO BOX City State Zip

(9) Home Phone Number:_____ Work Phone: _____ Cell Phone: _____

OTHER BACKGROUND AND VOLUNTEER INFORMATION:
(10) Are you a current employee of Robstown ISD: ____Yes ____ No
If yes, please state position & location of work: _____

(11) Purpose for Volunteering: _____Parental Involvement _____ Booster Club-Provide name of Booster Club:_____
_____Chaperone for school-sponsored trip _____Student Teachers and Observers
_____Other – Please State Intention: _____

(12) Have you ever served as a Robstown ISD volunteer? ____Yes ____No

(13) Total years as a Robstown ISD volunteer? _____

I consent to the District securing a criminal history record search about me. I understand 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.

Signature:_____

Date:_____

THIS FORM WILL BE FILED IN THE OFFICE OF HUMAN RESOURCES

****

For Office Use Only: **VACF/CCHV Completed_____ Date DPS-CCH Completed _____ DPS-CCHV Filed_____**

Initials: _____

Voluntario en _____ Escuela

Distrito Escolar Indpendiente de Robstown
Aplicación de Voluntario y Forma de Consentimiento
Año Escolar Académico: 20___-20___

Con los problemas que tenemos en la sociedad, es necesario verificar a las personas que son voluntarios en nuestras escuelas. Robstown ISD requiere a voluntarios futuros de escuela que complete y firme una aplicación de voluntarios y una forma de consentimiento que permite el Distrito asegurar información de historia criminal sin precedentes en el voluntario futuro. Robstown ISD aprecia su consentimiento para ser un voluntario en nuestras escuelas.

El Distrito Escolar Independiente de Robstown es autorizado por la ley del estado a obtener información de historia criminal que sin precedentes en voluntarios para ser considerada con el distrito (código de Educación de Tejas 22,083). La información solicitada debajo de es necesario para obtener un registro de historia criminal.

Información personal:

(1) Primer Nombre_____ Inicial_____ Apellido_____

(2) Número del Seguro Social_____ (3) Fecha de Nacimiento_____

(4) Genero: _____Hombre _____Mujer (5) ETNIA: _____Hispano_____ No-Hispano

(6) Raza (VERIFIQUE UNO): _____Indio Americano o Nativo de Alaska _____Asiático _____Blanco

_____Negro o Africano Americano _____Nativo Hawaiano o otro Isleño Pacífico

(7) Licencia de manejar o Número válido de identificación:_____ Estado: _____

El solicitante de voluntarios futuro debe proporcionar al Distrito una licencia de manejar o otra forma de identificación que contiene la fotografía de la persona publicada por una entidad del gobierno de Los Estados Unidos.

Domisilio Actual:

(8) Dirección de envio: _____
Número y calle o Caja Postal Cuidad Estado Código postal

(9) Número de Teléfono en Casa_____ Teléfono de Trabajo_____ Teléfono Celular_____

Otro Fondo e Información de Voluntario:

(10) Es un empleado actual de Robstown ISD: _____ Sí _____ No

Si sí, indica por favor la posición & la locación del trabajo_____

(11) El propósito para ser Voluntario: _____ Padres Involucrados_____Club de Impulsores-Porporcione el nombre del Club de Impulsores:_____ _____Acompañador para viaje patrocinado de la escuela

_____Maestros de estudiante y observadores _____Otro-Por favor Mencione el Intento:_____

(12) ¿Jamás ha servido usted como voluntario de Robstown ISD? _____Sí _____No

(13) ¿Los años totales como un voluntario de Robstown ISD?_____

Doy el consiento al Distrito que asegura una búsqueda de registro de historia criminal acerca de mí. Comprendo que la información que proporcione acerca de la edad, el sexo, y la etnia no serán utilizados para determinar elegibilidad para ser voluntario pero será utilizado únicamente para el propósito de obtener información de la historia criminal sin precedentes.

Firma:_____

Fecha:_____

ESTA FORMA SERÁ ARCHIVADA EN LA OFICINA DE RECURSOS HUMANOS

****

Utilizada Sólomente para la Oficina: VACF/CCHV Completa_____ Fecha DPS-CCH Completada_____

DPS-CCHV Archivado _____ Iniciales:_____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____ , have been notified that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)
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 identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

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 make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of $24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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

_____
Signature of Applicant or Employee

_____
Date

Robstown I.S.D.
_____
Agency Name (Please print)

Cynthia Espinoza
_____
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: _____

Hire ☐ Not Hired ☐ _____ initial

Date Printed: _____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files

Rev. 02/2011