



NEW CANEY ISD
VALID U.S. ISSUED PHOTO ID REQUIRED

Volunteer Application

The following information must be completed prior to volunteering. All new volunteers must attend a Volunteer Orientation. **Please note that volunteers must renew their application and background check each year.**

Contact Information

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____ City: _____ Zip: _____

Cell/Home Phone: _____ E-mail Address: _____

Are you a returning NCISD Volunteer? _____ Yes _____ No

Where would you like to volunteer? Campus(es): _____

Do you have children/grandchildren who attend NCISD schools? _____ Yes _____ No

If so, please list all schools were your children/grandchildren attend. _____

Volunteer Interests

Check the areas you are interested in volunteering:

- | | | |
|--|--|--|
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> School Health Advisory Committee (SHAC) | <input type="checkbox"/> PTO |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Tutor | <input type="checkbox"/> Athletic Events |
| <input type="checkbox"/> Copy Room | <input type="checkbox"/> Library | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> School Dances | | |

Code of Ethics for NCISD Volunteers

I agree to:

1. Abide by New Caney ISD's Volunteer program guidelines.
2. Watch the volunteer orientation video <http://www.newcanevisd.org/volunteervideo>
3. Report any concerns regarding students to campus administration.
4. Be a positive role model and base my relationship with students and staff on respect.
5. Preserve the confidentiality of all information learned about students and their education.
6. Acknowledge that this school-based volunteer program involves contact with students during the school day only.
7. Immediately report to the campus principal, assistant principal, or school counselor if a student:
 - Is the victim of sexual, emotional or physical abuse (or suspect abuse).
 - Is showing signs of extreme depression or threatens suicide.
 - Admits to being bullied, especially by someone on the school campus.
 - Is involved in any illegal activity, including violent or illegal behavior and drug use.

I do hereby certify, warrant, and affirm that I will follow the NCISD Volunteer Code of Ethics. I understand that I am responsible for following all rules and guidelines presented in the NCISD volunteer training video.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

PD: _____ PASS _____ FAIL

New _____ Returning _____

Home Campus: _____

Badge: _____ Sent to Campus

Picked up on: _____



NEW CANEY ISD
VALID U.S. ISSUED PHOTO ID REQUIRED

Consent to Perform Criminal Background Check

New Caney Independent School District
New Caney, Texas

Pursuant to Section 22.0835 of the Texas Education Code, NCISD is required to conduct a criminal history review. Board policy GKG allows the district to conduct criminal history check on all volunteers.

Please Print Clearly

Phone Number: _____ Social Security Number: _____

Last Name: _____ First Name: _____

Other Last Name (i.e. maiden name): _____

List any other names you may have used: _____

Middle Initial: _____ Date of Birth: ___ / ___ / ___ Sex (Circle One): Male Female

Texas Drivers License Number: _____

Race/Ethnicity (Circle One): Asian/Pacific Islander, Black, Hispanic, American Indian/Alaskan, White

Current Address: _____ Apt. # _____

Current City: _____ Current County: _____

Current State: _____ Current Zip: _____

List all previous addresses in the last 10 years, starting with the most recent.

Previous City/Town	County	State	From Date	To Date



NEW CANEY ISD
VALID U.S. ISSUED PHOTO ID REQUIRED

Except for traffic violations such as parking and speeding, have you ever been convicted, fined, placed on probation, given a suspended sentence, given deferred adjudication, or forfeited bail in connection with any violation of law (misdemeanor or felony), regardless of any subsequent court dismissal, sealing or expungement? YES _____ NO _____

If you answered YES, please provide details below. Conviction of a crime is not an automatic bar to volunteering. The District will consider the nature and date of the offense.

Please explain circumstances: _____

Is there anything in your background that may be discovered which would cause you to be ineligible for participation in the Volunteer Program and/or should be disclosed to assist with the evaluation of your application and suitability for participating in the program? If yes, provide details.

I am an applicant for volunteering with the New Caney Independent School District and have been advised that, as part of the application process, the District will conduct a criminal history check. The District has informed me that I have the right to review and challenge any negative information reported, within a reasonable time frame established at the sole discretion of the District.

I hereby authorize any law enforcement agency, including a police department, the Texas Department of Public Safety and the Texas Department of Corrections, to release to this school district my complete criminal history record. I understand that the District is prohibited by Federal Regulations from providing me with a copy of my DPS criminal history record; however, I further understand that upon my request, the District may quote to me data from the report. Thereafter, I have the right to challenge the accuracy of my DPS criminal history record.

I understand the information I am providing about age, sex, and race/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 hereby certify that all information provided is true, correct, and complete. I understand that if any information is found to be incorrect or incomplete; the District has the right to remove me from all volunteer responsibilities.

Signature: _____ Date: _____



DPS Computerized Criminal History (CCII) 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 /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:

Date:

Agency Name *(Please print)*:

Agency Representative Name *(Please print)*:

Signature of Agency Representative:

Date:

Check and Initial each Applicable Space		
CCH Report Printed:		
YES___	NO___	___ Initial
Purpose of CCH:		
Empl___	Val/Cont___	___ Initial
Date Printed	_____	___ Initial
Destroyed Date	_____	___ Initial
Retain in your files.		