

# Wills Point ISD

## Volunteer Opportunities!

Help us make a difference in the life of our students! Establishing a culture of learning in our school community depends on community involvement! We would love for you to be involved in our schools!

### Check below what you would be interested in:

- |  |   |
|--|---|
| <input type="checkbox"/> Reading with students                           | <input type="checkbox"/> Coffee Time with Parents and Staff           |
| <input type="checkbox"/> Bus duties loading and unloading                | <input type="checkbox"/> Assist teachers with instructional materials |
| <input type="checkbox"/> Welcome visitors at special events              | <input type="checkbox"/> Teacher appreciation activities              |
| <input type="checkbox"/> Class/Campus parties                            | <input type="checkbox"/> Tutoring help                                |
| <input type="checkbox"/> Monitor cafeteria breakfast/lunch               | <input type="checkbox"/> Field trips                                  |
| <input type="checkbox"/> Help organize assemblies                        | <input type="checkbox"/> Answer telephones                            |
| <input type="checkbox"/> Become member of campus PT                      | <input type="checkbox"/> Enrichment classes _____                     |
| <input type="checkbox"/> Become member of District Improvement Committee |   |
| <input type="checkbox"/> Other _____                                     |   |

Check the campus/campuses you are interested in volunteering to assist below:

Primary (Gr PK-1)     Woods Intermediate (Gr 2-4)     Middle School (Gr 5-6)  
 Jr.High (Gr 7-8)     High School (Gr 9-12)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*All volunteers must pass a criminal history background check in order to volunteer on a campus. Please complete a background check form and submit it to WPISD Central Administration Office.*

**ADDENDUM TO APPLICATION**

*Confidential*

Section 22.083 of the Texas Education Code states that school districts may obtain information related to criminal history records.

I do hereby agree, consent and direct any person or entity maintaining information in any form relating to my criminal history to release all such information upon the request of the Wills Point Independent School District.

I do further agree and permit the Wills Point Independent School District to obtain from any law enforcement source or entity information relating to my personal background, moral character and fitness to instruct students or work in an environment with students of the Wills Point Independent School District and do hereby expressly direct that any such person or entity release such information upon the request of the Wills Point Independent School District.

I do hereby release, discharge and exonerate the Wills Point Independent School District, its agents or representatives, and any person or entity so furnishing from any and all liability of every kind arising therefrom. Information will be kept in a separate file.

The foregoing consent and release is valid and binding so long as I hold or apply for employment with the Wills Point Independent School District.

**Full Name:** \_\_\_\_\_  
Last First Middle (Maiden)

**Address:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Driver's License No.:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_

**Sex:** \_\_\_\_\_ (Male/Female) **Ethnicity:** \_\_\_\_\_  
(American Indian/Asian/Black/Hispanic/White)

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY OFFENSE INVOLVING MORAL TURPITUDE? \_\_\_\_\_ Yes \_\_\_\_\_ No

HAVE YOU RECEIVED PROBATION, DEFERRED JUDGMENT, PLEADED NO CONTEST, OR SERVED TIME IN PRISON? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

I understand 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Wills Point Independent School District does not discriminate against any student, employee or applicant for employment because of race, color, religion, gender, national origin, age, disability, pregnancy, military status, genetic information, political information, or on any other basis prohibited by law. Employment decisions will be made on the basis of each applicant's job qualifications, experience, and abilities.*

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

I, \_\_\_\_\_, have been notified that a Computerized 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 identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

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

**Wills Point ISD**  
\_\_\_\_\_  
Agency Name (Please print)

**Melanie Rotenberry**  
\_\_\_\_\_  
Agency Representative Name (Please print)

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

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____      _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____      _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	