

Complete all of this side.

Campus/Dept. Requesting Verification _____ Contact _____
 Hallsville Independent School District
 Criminal History Record Information Request
 VOLUNTEERS

Confidential Information

The Hallsville Independent School District is authorized by state law to obtain criminal history record information on individuals who intend to serve as volunteers for the district. (Texas Education Code § 22.083) The information requested below is necessary to obtain criminal history record information.

PLEASE PRINT

Last Name _____ First Name _____ Middle Name _____
 Date of Birth _____ Check here if you are an employee of HISD or a Substitute _____

Gender: Male Female Ethnicity: Black White Other

I understand that the information I am providing about age, gender, and ethnicity will not be used to determine eligibility for employment/volunteering, but will be used solely for the purpose of obtaining criminal history record information.

*Please insert last four digits of your Social Security Number in the blanks below. This information is used to verify identification of the Criminal Background Check.

 Signature _____ Date _____
 Address _____ City/State/Zip _____
 Phone _____ Email _____
 Student _____ Campus _____ Grade _____

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

I, _____, acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional) _____
 Date _____
 Agency Name (Please print) _____
 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:	
Email _____	initial _____
Date Printed _____	initial _____
Destroyed Date _____	initial _____
Retain in your files	



HALLSVILLE SCHOOL VOLUNTEER FORM

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Preferred Phone: _____
 Children in School/Campus: _____

Availability

_____ Daily _____ Weekly _____ Special Occasions

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____

Are you willing to work on all campuses _____ Yes _____ No

Preferred Campus(es) _____

Please check your preferred activities. Training will be provided as needed. Please complete both sides of this form. You may: (1) Return it to the campus, (2) scan and email it to jkramer@hisd.com, (3) Mail to Jan Kramer, P.O. Box 810, Hallsville, TX 75650, (4) Fax: 903.668.5990, Attn: Jan Kramer. For information: Subscribe to <http://co.hisd.com>. Community/community calendar to get dates and information. For messages, sign up for Remind 101: TEXT; 81010 and write in message: @hisvips. THANK YOU!!

Please check all activities of interest to you.

_____ Copy work sheets
 _____ Classroom Centers
 _____ Mentor Program (Encourage a child)
 _____ Reading Tutor
 _____ Math Tutor
 _____ Library Aide
 _____ Train to help operate the library
 _____ Shelve books, etc.
 _____ Help with book fairs
 _____ Donate books
 _____ Read to children
 _____ Arts and crafts
 _____ Computer work
 _____ Office aide
 _____ School beautification
 _____ Volunteer Substitute (maintain a class or other position while the staff member goes to the doctor, a meeting, etc., and usually for no more than 1-2 hours)
 _____ Hallsville Alumni Assoc.
 (Year of graduation _____)

_____ I want to attend Field Trips with the class
 _____ Help in the Volunteer Center
 _____ Pre-registration helpers before school begins in August
 _____ Red Ribbon Week (October)
 _____ Canned Food Drive (October—November)
 _____ Coats for Kids (October—December)
 _____ Pennies from Heaven (Nov.—Dec.)
 _____ Angel Tree Project (October—December)
 _____ Special Education Field Day (April or May)
 _____ Staff Appreciation Week (May)

CAREER EXPLORATION

_____ Career Day (Jr. High and High School)
 _____ Junior Achievement (Elem 2)
 _____ Field Trip Sites (all campuses)
 _____ Serve on Advisory Boards/Committees
 _____ Guest Speakers (all campuses)
 _____ Assistance with locating and procuring grants, foundations, funding, and marketing

Jan Kramer—Volunteer Coordinator
 (903) 668-5990 ext. 5000 email: jkramer@hisd.com
 Mailing Address: P.O. Box 810 Hallsville, Texas 75650
 Physical Address: 311 Willow Street Hallsville, Texas 75650

"No one can help everyone. Everyone can help someone."