



Quinlan ISD requires that any person willing to volunteer with QISD, must submit a:

- QISD Volunteer Application
- Copy of picture identification

This process may take up to (1) week. The volunteer application is available online at www.quinlanisd.net.

Name: _____
(Last) (First) (Middle)

Address: _____
(Street Address/P.O. Box) (City) (State) (Zip Code)

Phone: _____ E-Mail Address: _____

Date of Birth: _____ Last 4 of Social Security Number: _____

Are you 18 years of age or older? Yes No

Ethnicity: Hispanic/Latino White Black or African American Other _____

Volunteer Purpose:

- Classroom assistance (Reading, Tutoring, etc.) Chaperone (Field trip, school dance, fundraiser)
- Afterschool Activity Guest Speaker Student Teacher/Field Experience Contracted Personnel

Name of children attending QISD and Campus:

Full Name: _____ Campus: _____ Teacher: _____

Full Name: _____ Campus: _____ Teacher: _____

Full Name: _____ Campus: _____ Teacher: _____

Emergency Contact Name _____ Phone # _____

Disclaimer and Signature

By signing below, I hereby give my voluntary consent to a criminal history check, pursuant to Texas Education Code § 22.0835. I understand that certain information obtained as a result of this criminal history check may preclude my participation in the QISD volunteer/student intern program. I agree to conform to all district policies and procedures.

I certify all the information in this application is true and correct and I further understand that any misstatement or omission of information may be grounds for disqualification. I understand that I have the right to review and challenge any negative information that would adversely impact my application.

Further, I hereby hold harmless, release, and fully discharge QISD, it's agents, officers, or employees, from any and all liability, claims, causes of action, costs and expenses which may be attributed to my participation in the QISD volunteer/student intern program and/or any and all liability for the criminal history check and any action taken as a result of information obtained through the criminal history investigation.

Signature: _____ **Date:** _____

QISD Personnel Services use only

Background History Record

Date background history checked: _____

Applicant approved: _____

Applicant denied: _____



The following person(s) will be disqualified from volunteering in the Quinlan Independent School District:

1. Anyone who makes a false statement on the volunteer paperwork or fails to disclose criminal convictions.
2. Anyone convicted of a Class A, B or C misdemeanor within the previous five years. This disqualification does not apply to simple misdemeanors such as; traffic violations or issuing a bad check unless the offense was drug, or alcohol related.
3. Anyone convicted of a felony committed within the previous ten years.
4. Anyone convicted of more than one criminal offense, within a 2 year time period in the past 10 years.
5. Anyone convicted of any "crime against children or other persons"
6. Anyone convicted of a crime, which would disqualify the person from employment by the district under Texas Education Code, Chapter 22, Sec. 22.085.
7. Anyone convicted of committing or attempting to commit any crime of violence or of a sexual nature against a minor or adult regardless of whether the crime of conviction was a misdemeanor or felony, and regardless of when the crime was committed.

Please answer the following questions completely and sign the declaration.

1. Have you been convicted of any crime (misdemeanor or felony) within the past 10 years?

_____ Yes _____ No

If "Yes", please identify the offense(s), provide the date(s) of the conviction(s), and the sentence imposed: _____

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation, or financial exploitation of a child in any legal proceeding? These should include any judicial findings as well as findings by the Texas Department of Family and Protective Services.

_____ Yes _____ No

If "Yes", please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s), and the penalty imposed: _____

3. Do you currently have any outstanding criminal charges or warrants for your arrest pending against you? Are you presently under investigation for possible criminal charges? _____ Yes _____ NO

If "Yes", please provide details to enable the Quinlan Independent School District to evaluate, including the charge(s), date(s), jurisdiction(s), and status: _____



If volunteer application is denied there is a fingerprint option to clear any misidentified information at the expense of the volunteer.

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 information 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 (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee to the fingerprinting services company, MorphoTrust USA.

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.

Signature of Volunteer

____/____/____
Date of Birth

____/____/____
Today's Date

Quinlan Independent School District

Stacy Watson
Agency Representative Name (Please print)

Signature of Agency Representative

Date

For Office Use ONLY	
CCH Report Printed:	
Yes _____ NO _____	_____ initial
Purpose of CCH: <u>Volunteer</u>	
Approved _____	Not Approved _____
Date Printed: _____/_____/_____	_____ initial
Destroy Date: _____/_____/_____	_____ initial
Retain in your files	