



LULING INDEPENDENT SCHOOL DISTRICT

Volunteer/Mentor Application

As an added measure to improve student safety, Luling Independent School District requires any person wishing to volunteer/mentor to agree to a Name-Based Criminal History Check.

In order to be processed, a completed **Volunteer Application and DPS Computerized Criminal History (CCH) Verification Form** must be completed and dropped off the Luling ISD Central Office or faxed to (830)-875-3193. **Incomplete applications or applications that do not include BOTH of the above noted forms will not be processed.**

Please Print Clearly I am an applicant for: Mentor Volunteer *(Please circle one)*

LISD Campus(es): (1) _____ (2) _____ (3) _____

Legal Name: _____

(First)
(Middle)
(Last)
(Preferred Name)

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Preferred E-Mail: _____

Driver's License Number or other form of Identification _____ State or Issuing Agency _____ Date of Birth ____/____/____

Ethnicity: African American Asian Hispanic Indian White Other *(Please circle one)* Gender: Male Female *(Please circle one)*

I understand and agree that LISD may obtain any criminal history record information pertaining to me. The District may obtain such information from any law enforcement agency, including a police department or the Department of Public Safety, or from the Texas Department of Corrections or similar out-of-state entities.

Have you ever received a deferred adjudication or been convicted by federal, state, or other law enforcement authorities or pleaded nolo contendere for violation of any federal law, state law, county or municipal law, regulation or ordinance other than a Class C Misdemeanor?

_____ NO _____ YES - If YES, complete below:

Type of Offense: _____

Date: (MM/DD/YYYY) ____/____/____ Name of Authority: _____

Disposition: _____

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 LISD volunteer program. I agree to conform to all district policies and procedures.

I certify that 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 this application becomes a public record and is subject to disclosure. 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 LISD, its trustees, its 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 LISD Volunteer 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 of Applicant _____ Date ____/____/____

Luling Independent School District is an equal opportunity employer and does not discriminate against persons because of age, race, color, creed, religion, disability, gender, ethnic or national origin, or veteran status. LISD prohibits discrimination against individuals with disabilities and will reasonably accommodate applicants with a disability, upon request, and will also ensure reasonable accommodation for employees with disabilities.

For Office Use Only: Date CRC Completed: _____ Date Entered: _____ Initials: _____

A minimum of 72 hours is required for processing

Note: The attached DPS CCH Verification Form must be signed and dated. Please disregard the information regarding the fingerprint process. Volunteers/Mentors are not required to be fingerprinted at this time.

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.

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

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: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	