



Calvert Independent School District 2018 – 2019 Volunteer Application

Dr. Thyrun Hurst, Superintendent
Ronnell Trotter, District Principal

Dedicated to Education Learning today for a better tomorrow.

Complete the following form and return to: Calvert ISD, 310 Hickory Street, Calvert, TX 77837 or fax to (979) 364-2043. Questions? Call 979-364-2824, ext 3001.

PLEASE ALLOW UP TO TWO WEEKS FOR PROCESSING

To complete your application, a copy of a valid government issued photo identification card must be attached with this application

Contact Information

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Home/Cell Phone _____ Work Phone _____

Date of Birth _____

Employer (If Applicable) _____ Occupation _____

Campus where you are wishing to volunteer: Circle your desire

Elementary Upper Elementary Jr./Sr. High

If you are a Parent, list your child(ren)'s name and grade level:

Student's Name _____ Grade Level _____

Student's Name _____ Grade Level _____

Student's Name _____ Grade Level _____

Volunteer Opportunities

Please check all areas in which you would like to participate

Room Mother/Father or Grandparent Classroom Field Trips

Serving popcorn/snacks etc. Choir Office

Making Copies for Teachers Evening Events Lunch

Extra Curricular Activities Story Time Library

Other (Specify) _____

I have the following special interest, talent, hobby or occupation that I would be willing to share with the faculty and students of Calvert ISD.

DPS Computerized Criminal History (CCH) Verification

I, _____, have been notified 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** information that 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 fingerprint search performed to clear any misidentification based on the results 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 take an appointment, with a state qualifying agency, submit a full and complete set of fingerprints, request a copy to be sent to the agency listed below, and pay the required fee to the fingerprinting services company.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal records may be discussed with me.

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

Signature of Applicant

Date

Calvert Independent School District
Agency Name

Agency Representative Name

Signature of Agency Representative

Date

Check and Initial Each Applicable Space		
CCH Report Printed:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initial _____
Purpose of CCH: Volunteer/Mentor		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Initial _____
Date Printed _____	Initial _____	