

MONTGOMERY INDEPENDENT SCHOOL DISTRICT

Human Resources
13159 Walden Road
Montgomery, Texas 77356
(936) 276-2100 ~ Fax (936) 276-2101

July 2018

Dear Volunteer,

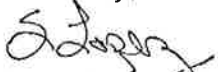
The purpose of a school volunteer program is to provide an opportunity for parents and other interested adults to assist school personnel in the operation of the schools. Volunteers help Montgomery Independent School District meet its mission of providing a quality educational foundation to successfully prepare students for their future. In short, school volunteers are a valuable, needed and appreciated resource to our students and staff alike.

All of our children are full of potential and promise. Each and every young person attending our schools must be provided a safe and secure environment that nurtures and enhances their learning. Screening our volunteers provides assurance to our parents and to our community that the district is taking the necessary steps to proactively and reasonably preserve a safe and secure learning situation.

Continuing with this school year, volunteers who work directly with campuses and with students will be required to complete a volunteer services form and an authorization for criminal history background check. The background check is strictly confidential and will be processed through the MISD office. The continued success of Montgomery's young people depends on the steady increase of community support for the District's schools, and volunteerism is an excellent avenue by which to get involved and support our schools.

If you are interested in volunteering on one of our campuses, please complete the *Montgomery ISD Volunteer Services Form* and the *DPS Computerized Criminal History Verification* form and return it to your specific campus secretary.

Sincerely,



Sonja Lopez, Ed.D.

Assistant Superintendent of Human Resources

To apply:

- **Return two forms to the campus:**
 1. MISD Volunteer Services Form and
 2. DPS Computerized CH Verification } *Must be one-sided.*
- **Only one application per volunteer is needed, not per student or campus.**

2018-2019 Montgomery ISD Volunteer Services Form

Please use ink.

Volunteer's Name: (Print) _____

Child's Name: (Print) _____ Child's Campus _____

_____ Child's Campus _____

_____ Child's Campus _____

Day Time Phone: () _____ Evening Phone: () _____

E-Mail: _____

Please Check All that Apply:

- Family Member.** If so, your relation to student: _____
- Community/Business Member** (No student in school)
- Active MISD Substitute**

We appreciate your interest in serving the students and staff of the Montgomery Independent School District. Please be aware that under Texas Education Code 22.083 and School Board Policy GK6 (LEGAL) the district is authorized to obtain a criminal history record of all applicants and volunteers in the district.

DO NOT CONTINUE if you do not have a TX driver's license. Please speak with a campus Administrator.

Montgomery Independent School District Criminal History Authorization for Volunteers

Montgomery 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.

Name: (Print) _____
Last First Middle

Have you ever used another name(s) including maiden name? If yes, please list: _____

Date of Birth: _____ Driver's License _____ State: **TX**
mm / dd / year

Sex: _____ Male Ethnicity: _____ African American _____ American Indian _____ Asian
_____ Female _____ Hispanic _____ White _____ Other

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

Signature _____ Date _____

The campus will be informed when the volunteer is eligible to begin. Before volunteering, please contact the campus to verify approval.

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

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

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](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) 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

Montgomery ISD

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

For Office Use Only

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	