

# MONTGOMERY INDEPENDENT SCHOOL DISTRICT

---

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

August 2016

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,



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.**

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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/ReviewofPersonalCriminalHistory) 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 \$24.95 to the fingerprinting services company.

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

For Office Use Only

Signature of Applicant or Employee

Date

**Montgomery ISD**

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

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

# 2016-2017 Montgomery ISD Volunteer Services Form

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, 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 GKG (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.*

### 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.**