



CORSICANA ISD Volunteer Programs 2013-2014

Check one or more of the following Volunteer Programs you are interested in with Corsicana ISD. **All volunteers throughout the district must undergo a criminal background check each year.** Please return this completed form to your school, or Corsicana ISD Administration, Attn: Debbie Fuller, 601 N. 13th Street, Corsicana, TX 75110 or fax it to (903) 872-2100. If you have any questions, call (903) 874-7441. Please use BLACK ink. Please complete only one form per volunteer each year.

- School and/or Classroom Assistant-** This is a non-paid position, but vital to individual campuses. A classroom assistant visits the school regularly, works with teachers and administration, to provide assistance to students. Tasks may include: running errands, making copies, cutting out pictures, updating/designing bulletin boards, and helping students with their class work.
- Tutoring-** Tutors are a necessity in every school. Students who are in need of specific subject area assistance may receive instructional aid from tutors. Showing dependability, caring, and positivity are essential for a tutor. A tutor's attendance should be consistent.
- Guest Reader-** Guest readers at campuses are not as regular as other volunteers. Instead, they come to school when called by teachers, librarians or campus administrators.
- Mentoring-** A mentor is someone who, along with parents, provides young people with support, counsel, friendship, reinforcement, and constructive examples. Mentors are good listeners, people who care, people who want to help young people recognize their strengths.
- Field Trips-** A parent has the opportunity to accompany his/her child and help teachers supervise students on various field trips throughout the year. Parent transportation for field trips is the parent's responsibility.

First Name _____ Last Name _____ Middle (Initial) _____
Birth Date _____ (required for background check) Physical Address _____
Home Phone Number _____ Cell Phone _____
Email _____
Are you bilingual? _____ yes _____ no If yes, what language can you translate? _____

School Preference(s) _____

Signature

Date

Corsicana ISD board policy requires all volunteers to undergo a criminal history check.

Important- Please be certain to complete both pages (front and back).

The Superintendent's Office will maintain the master list of volunteers per campus.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)
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 of \$9.95 to the fingerprinting services company, L1Enrollment 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	