



# Marion Independent School District

PO BOX 189, Marion, TX 78124  
(830) 914-2803 ~ Fax: (830)420-3268  
www.marionisd.net

## Marion I.S.D. Volunteer Program

**ALL VOLUNTEERS MUST BE CLEARED PRIOR TO VOLUNTEERING AT ANY CAMPUS  
IN ANY CAPACITY.**

If you would like to volunteer in a class room, on a field trip, chaperone, etc. you must complete all forms in this packet. Incomplete forms will be returned.

Parent Name: \_\_\_\_\_

Best contact number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I would like to volunteer by: \_\_\_\_\_

The best available time for me is: \_\_\_\_\_

~ One form is required per person ~  
More forms may be picked up at your school office or on the school website.

*\*If for some reason your form does not clear you will get an email.*



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## SCHOOL VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that in the course of my volunteer time with Marion I.S.D., the behaviors and abilities of students, teachers and staff are never appropriate topics for discussions outside of school. This information may include such information as students' academic performance, behavior, disabilities and related manners. I will respect confidences of students and school personnel. I will not disclose confidential information except to school employees who have a need to know.

Volunteer's printed name: \_\_\_\_\_

Volunteer's signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Event Form for Marion ISD Volunteers

CAMPUS: \_\_\_\_\_

Texas Education code 22.0835 details the requirements regarding volunteers.

The school shall obtain CHRI that relates to a volunteer or person who has indicated, in writing, an intention to serve as a volunteer with the district. A person to whom this applies must provide to the school district a driver's license or another form of identification containing the person's photograph issued by an entity of the United States government. The rules do not apply to a person who volunteers or is applying to volunteer with a school district if the person:

(1) is the parent, guardian, or grandparent of a child who is enrolled in the district for which the person volunteers or is applying to volunteer

(2) will be accompanied by a school district employee while on a school campus; or

(3) is volunteering for a single event on the school campus

### **PLEASE PRINT:**

Volunteer's Name: \_\_\_\_\_

Parent or Guardian: Y or N (circle one)

Student's Name: \_\_\_\_\_

Volunteer's Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Do you object to sharing your email address for Volunteer purposes only? Y or N (circle one)

Volunteer's Email Address: \_\_\_\_\_

Will volunteer be accompanied by a District Employee? Y or N (circle one)

District Employee's Name: \_\_\_\_\_

Single Event Volunteer: Y or N (circle one) Name of Event \_\_\_\_\_

Have you been fingerprinted by another school district? Y or N (circle one)

District Name: \_\_\_\_\_

*All forms must first be turned in to Betty Brietzke @ Krueger Elementary.*



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## CRIMINAL HISTORY RECORD INFORMATION ADDENDUM Volunteers/Contractors **\*\*CONFIDENTIAL\*\***

The Marion Independent School District is required by Texas Education Code Chapter 22, Subchapter C, to review the criminal history of volunteers/contractors. The information requested below is necessary to obtain criminal history record information:

**PLEASE PRINT**

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**Please Circle Selection Below**

Sex: Male Female Ethnicity: African American Asian  
Caucasian Hispanic  
Native American

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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 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](http://www.txdps.state.tx.us/Crime) Records/Review of Personal Criminal History 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 to the fingerprinting services company.

**(THIS COPY MUST REMAIN ON FILE BY YOUR AGENCY. Required for future DPS audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

Marion Independent School District  
Agency Name

Christy Smith or Sue Daniels  
Agency Representative Name

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

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
<b>Retain in your files</b>