Volunteer/ Student Intern Registration Application

Clint Independent School District

14521 Horizon Blvd. El Paso, TX 79928

Phone (915) 926-4066 Fax (915) 926-4069

www.clintweb.net

Please select one

☐ Volunteer

☐ Student Intern

Note: Please allow up to two weeks for application to be processed.

Personal Data

Name: _____
(Last) (First) (Middle)

Address: _____
(Street Address/P.O. Box) (City) (State) (Zip)

Phone: _____ **E-Mail Address:** _____

Background Information

Date of Birth: _____ **Social Security Number:** _____

Sex: _____ **Driver's License Number:** _____
(Female/Male) (State and Number)

Have you ever been convicted of a felony? ☐ **YES** ☐ **NO** **Ethnicity:** ☐ **Hispanic** ☐ **White** ☐ **Black** ☐ **Other:** _____

District Information

Applicant is a:

☐ **Parent** ☐ **College Student** ☐ **Business/Organization**

☐ **Community Member** ☐ **District Employee** ☐ **Other:** _____

I would like to volunteer in the following areas: (check all that apply)

☐ In classroom ☐ Field trips ☐ Student intern ☐ Library ☐ Work room ☐ Book fairs
☐ Student observer ☐ Booster club ☐ Playground ☐ Athletic activities ☐ Special events ☐ Concession sales
☐ Campus offices ☐ Hall monitor ☐ Room parent ☐ District offices ☐ Other _____

Preferred Campuses:

☐ **District Wide** ☐ **Elementary:** _____ ☐ **Middle:** _____ ☐ **High:** _____

Name of children attending Clint ISD and Campus:

Full Name: _____ **Campus:** _____

Full Name: _____ **Campus:** _____

Full Name: _____ **Campus:** _____

Disclaimer and Signature

By signing below, I hereby give my voluntary consent to a criminal history check, pursuant to Texas Education Code § 22.0835. I understand that certain information obtained as a result of this criminal history check may preclude my participation in the Clint ISD volunteer/ student intern program. I agree to conform to all district policies and procedures.

I certify all the information in this application is true and correct and I further understand that any misstatement or omission of information may be grounds for disqualification. I understand that I have the right to review and challenge any negative information that would adversely impact my application.

Further, I hereby hold harmless, release, and fully discharge Clint ISD, it's agents, officers, or employees, from any and all liability, claims, causes of action, costs and expenses which may be attributed to my participation in the Clint ISD volunteer/ student intern program and /or any and all liability for the criminal history check and any action taken as a result of information obtained through the criminal history investigation.

Volunteers must notify his or her campus principal or personnel services within three calendar days of any arrest, Indictment, conviction, no contest or guilty plea, or other adjudication of any felony.

Signature: _____ **Date:** _____

Clint ISD Personnel Services use only

Background History Record

☐ Approved ☐ Not Approved

Date background history checked: _____ Director/Personnel Clerk: _____
(Print Name)

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 identifiers 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 a fingerprint search performed to clear any misidentification based on the result 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 make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of $24.95 to the fingerprinting services company, L1 Enrollment 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

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