

COMMUNITY RELATIONS  
SCHOOL VOLUNTEER PROGRAM

GKG  
(EXHIBIT)

The following exhibits may be used in filling volunteer positions in the District:

Exhibit A: Volunteer Background Check-Information Release Form – 1 page

Exhibit B: DPS CCH Form – 1 page

DATE ISSUED: 10/2014  
UPDATE 44  
GKG (EXHIBIT)-RRM-MOD

\_\_\_\_\_  
**CHILD'S NAME**

\_\_\_\_\_  
**CAMPUS**

\_\_\_\_\_  
**TEACHER**

**San Felipe Del Rio CISD**  
**Volunteer Background Check - Information Release Form**  
**P.O. Box 428002**  
**Del Rio, Texas 78842**

Pursuant to HB 1498 adopted by the 71st Session of the Texas Legislature, (Regular Session, 1989) which amended the Texas Education Code Section 21.197, school districts are required to obtain a criminal history record on all applicants for employment and all program volunteers and shall contract the Texas Department of Public Safety to provide the information.

I hereby authorize the San Felipe Del Rio C.I.S.D. to conduct investigation inquiries into police records, the state prison system, the Department of Public Safety, and/or any other criminal records to determine my acceptability to volunteer.

**COMPLETE INFORMATION BELOW AND RETURN WITH APPLICATION**

<b>Social Security Number</b>		

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Maiden Name</b>

<b>Ethnicity</b>		<b>Date of Birth</b>			<b>Gender</b>	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino	MM	DD	YY	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>(Choose only one.)</b>					<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Race</b>						
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander				
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White					
<b>(Choose one or more.)</b>						

Driver's License/State ID Number \_\_\_\_\_ Issuing State \_\_\_\_\_

This information will be used only for the purpose of obtaining state required Criminal History Records. This information will be used solely for employment and will not become part of the applicant's file.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Form sent to Human Resources on:** \_\_\_\_\_

## DPS Computerized Criminal History (CCH) Verification

### (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal 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.

APPLICANT or EMPLOYEE NAME (Please print)

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

<b>Please:</b>				
<b>Check and Initial each Applicable Space</b>				
CCH Report Printed:				
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	- initial
Purpose of CCH:				
Hire	<input type="checkbox"/>	Not Hired	<input type="checkbox"/>	initial
Date Printed:				
				- initial
Destroyed Date:				
				- initial
<b>Retain in your files</b>				

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