



Academy ISD Volunteer Form

Academy Independent School District requires that any person willing to volunteer with AISD submit the following information:

- Academy ISD Volunteer Form
- A copy of a valid Texas Driver's License, state issued ID, or U.S. Military Card

VOLUNTEER INFORMATION

Please write as clearly as possible to prevent delays with your application.

FIRST NAME:

MIDDLE NAME:

LAST NAME:

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

CAMPUS VOLUNTEER INFORMATION

Preferred Campus(es): Please circle all that apply.

Early Childhood (ECSE, PreK, K)

Elementary (1st-2nd)

Intermediate (3rd-5th)

Middle School (6th-8th)

High School (9th-12th)

Volunteer Purpose: Please check all that apply.

___ Chaperone (field trip, school dance, fundraiser)

___ Beekeeper (classroom assistance such as reading, tutoring)

___ Booster Club

___ Other: _____

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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/Review%20of%20Personal%20Criminal%20History) 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

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: _____	
Empl ____ Vol/Contractor ____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	