

CHECK ALL APPLICABLE BOXES

- Community
- Business

- Parent
- ACE Parent

- Adopter
- Mentor



2012 - 2013 Volunteer Application

Joining the Volunteers in Public Schools (VIPS) program is an easy way to change the future by investing yourself and your talents in DeSoto ISD students. There are many ways that professionals, businesses, parents, retirees, and other community members can become involved. To start volunteering today, we ask that each volunteer complete the following form and return to a campus or:
DeSoto ISD Office of Parent Engagement, 200 E. Beltline Rd., DeSoto, TX 75115 or fax to: (972) 223-3791.

Campus(es) _____
List all campuses at which you wish to volunteer

Volunteer Contact Information

Name _____ Date _____
Address _____ Apt. # _____ City _____ Zip _____
E-mail _____ Home/Cell phone _____ Work phone _____

Type of Volunteer Service Preferred:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Listen to students read | <input type="checkbox"/> Assist with displays/bulletin boards | <input type="checkbox"/> Playground aide | <input type="checkbox"/> Read aloud to students |
| <input type="checkbox"/> Assist with art activities | <input type="checkbox"/> Speaker | <input type="checkbox"/> Field Day | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Tutor (subject) _____ | <input type="checkbox"/> Clerical aide | <input type="checkbox"/> Small group work | <input type="checkbox"/> Evening Events |
| <input type="checkbox"/> Computer skills _____ | <input type="checkbox"/> PTA | <input type="checkbox"/> Mentor | |
| <input type="checkbox"/> Booster Club (Club Name _____) | | <input type="checkbox"/> Share expertise in classroom | |
| <input type="checkbox"/> Other _____ | | | |

Please indicate the days and hours you can serve:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM _____						
PM _____						

In Case of Emergency Contact: _____ Phone: _____

Child's Name: _____ Grade: ____ School: _____ Teacher: _____
Child's Name: _____ Grade: ____ School: _____ Teacher: _____

In order to meet the requirements of Board policy, **the following information is needed for the completion of our records.** The submission of this form gives the district permission to check references and perform a required criminal history check on prospective volunteers. All information is confidential. **Please PRINT CLEARLY all information and sign below.**

Name _____ Maiden &/or Other Name(s) used _____
Date of Birth _____ Ethnicity _____ Male _____ Female _____

Signature _____ **Date** _____

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.

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 misunderstanding based on the result of the name and DOB search.

For the fingerprint process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFI (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