



Kilgore Independent School District

2014-2015 Volunteer Application

Name: _____ Driver's License #: _____
First M.I. Last

Current Address (No P.O. boxes): _____
Street City State Zip

Phone Number: _____ E-mail: _____

Emergency Contact (Name & Number): _____
Name Phone #

Campus (check all that apply): KPS (Pk-1) Chandler (2-3) KIS (4-5) KMS (6-8) KHS (9-12)

Days You Can Volunteer: Monday Tuesday Wednesday Thursday Friday

Times You Can Volunteer: Mornings Afternoons Evenings

Areas of Interest: All PTA Watch D.O.G.S Office/Clerical Reading
 Junior Achievement Mentoring Vision/Hearing Screening
 Library Booster Club (Football, Band, Basketball, etc.) HOSTS

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by Kilgore Independent School District. I authorize the individual or organization named in this application to provide Kilgore Independent School District (its employees, agents, or representatives) with any relevant information that may be required to arrive at a volunteer placement decision and hereby release any such individuals or organizations from any and all liability, which they might otherwise incur as a result. I understand that any misrepresentation or omission of material fact on this application may be justification for refusal for placement. I have read the Volunteer Acknowledgement and this statement and accept the same as a condition of my placement with Kilgore Independent School District.

If you agree to the terms of the Volunteer Acknowledgement, please indicate by signing and dating below.

Signature of Applicant

Date

DPS Computerized Criminal History (CCH) Verification

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 information 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 (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 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 of Birth

_____/_____/_____
Today's Date

Kilgore Independent School District

Agency Representative Name (Please print)

Signature of Agency Representative

_____/_____/_____
Date

For Office Use ONLY

CCH Report Printed:

Yes _____ NO _____ _____ initial

Purpose of CCH: _____

Hired _____ Not Hired _____ _____ initial

Date Printed: _____/_____/_____
_____ initial

Destroyed Date: _____/_____/_____
_____ initial

Retain in your files