Windthorst ISD

Check Sheet for School Volunteers

An Equal Opportunity Employer

We consider volunteer applicants for all positions without regard to race, color, national origin, age, religion, sex, marital status, veteran or military status, disability, or any other legally protected status.

Personal Data	Date:	Social Security	 					
	Name:							
	Last First		Middle Initial					
	Current Address:							
	Str	eet/Box	City	State	Zip Code			
	Work Phone:		Home Phone: _					
	Other name that may appear on records: (Used for certification, reference, & background checks)							
	Emergency Contact		Relationship	:				
	Phone Numbers of Contact:							
	Name of Doctor:		Phone Number:					
	Address of Doctor:		Name of Hospital:					
Volunteer								
Requirements	o Copy of Dr							
	, · ·	ial Security Card	h will he checked annu	ally				
	o Criminal History Check Form which will be checked annually							
References	Please list three personal or employment references.							
	Full Name	Mailing Address	# of years known	Phone				
								
								
	1							

General Information	Have you ever been convicted of, plead guilty or no contest (nolo contender) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? O Yes O No If yes please state where, and the nature of the offense:					
	(A felony conviction is not an automatic bar the nature, date, and relationship between which you are applying.)	<u> </u>				
Verification	I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions or fact may be grounds for rejection of my application or dismissal from subsequent volunteerism. I authorize the references listed on the previous page to give you any and all information concerning my previous or current character traits, skill level and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you. I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ or utilize as volunteers.					
	Signature This application/checklist becomes the prop	Date Derty of the district. The district reserves				
	the right to accept or reject it.	•				
Approval						
	Teacher Signature	Date				
	Principal Signature	Date				

Confidential*

The WINDTHORST Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Name		First	First	
				Middle
Driver's License				
Direct 5 Dicense	State and I	Number	_	
Mailing Address	S			
	Street	City	State	Zip
Sex: ☐ Male	☐ Female	Ethnicity:	☐ Black ☐ White/O	ther
			s, sex, and ethnicity wil	
history record in		t but will be used <i>sole</i> .	y for the purpose of ot	staming criminal
		it but will be used <i>sole</i> .	y for the purpose of ot	otaming criminal



^{*} This form will be removed from the application and filed separately in the HR office.