

Edna Independent School District

# VOLUNTEER CONSENT FORM

*Board Policy GKG (Legal) requires prospective school volunteers sign a statement of consent allowing the District to secure criminal history record information on the prospective volunteer. The information requested below is necessary to obtain a criminal history record. Edna ISD appreciates your willingness to be a volunteer in our schools.*

**PLEASE PRINT:**

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Street Address	_____ Mailing Address	_____ City, State, Zipcode
_____ Daytime Phone Number	_____ Driver's License Number or State ID and state issued	_____ Date of Birth
_____ Mobile Phone Number	_____ Email	_____ Social Security Number

**PLEASE SELF-IDENTIFY:**

\_\_\_\_ Male      \_\_\_\_ Female

HAVE YOU BEEN FINGERPRINTED TO WORK AS A SUBSTITUTE OR FOR ANY OTHER EDUCATIONAL PURPOSE?  
\_\_\_ YES    \_\_\_ NO    IF Yes, what was the purpose?

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*I consent to the District securing a criminal record history search about me. I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for volunteering but will be used solely for the purpose of obtaining criminal history record information. All information will be held in strict confidence and will be discussed with only you should there be a concern.*

_____ Signature	_____ Date
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**Return form with original signature to:  
(please no faxes or scans)**

**Edna ISD Administration  
601 N. Wells St.  
Edna, TX 77957**

**361.782.3573 (phone)**

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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/ReviewofPersonalCriminalHistory) 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 \$24.95 to the fingerprinting services company.

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

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Edna Independent School District

Agency Name (Please print)

\_\_\_\_\_  
Jan Wooldridge

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**