LULING INDEPENDENT SCHOOL DISTRICT

Volunteer Application

As an added measure to improve student safety, Luling Independent School District requires any person wishing to volunteer agree to a Name-Based Criminal History Check.

In order to be processed, a completed application must be dropped off at Central Office or faxed to: Stephanie Timms, at (830)-875-3193.

Please Print Clearly I am an applicant for: Mentor Volunteer ***(Please circle one)***

LISD Campus(es): (1) _____ (2) _____ (3) _____

Legal Name: _____
(First) *(Middle)* *(Last)* *(Preferred Name)*

Home Address: _____

City: _____ State: _____ Zip: _____-_____

Home Phone: (_____) _____ Preferred E-Mail: _____

_____ _____ _____/_____/_____
Driver's License Number or other form of Identification State or Issuing Agency Date of Birth

Ethnicity: African American Asian Hispanic Indian White Other *(Please circle one)* Gender: Male Female *(Please circle one)*

I understand and agree that LISD may obtain any criminal history record information pertaining to me. The District may obtain such information from any law enforcement agency, including a police department or the Department of Public Safety, or from the Texas Department of Corrections or similar out-of-state entities.

Have you ever received a deferred adjudication or been convicted by federal, state, or other law enforcement authorities or pleaded nolo contendre for violation of any federal law, state law, county or municipal law, regulation or ordinance other than a Class C Misdemeanor?

_____ NO _____ YES - If YES, complete below:

Type of Offense: _____

Date: (MM/DD/YYYY) _____/_____/_____ Name of Authority: _____

Disposition: _____

By signing below, I hereby give my voluntary consent to a criminal history check, pursuant to Texas Education Code §22.0835. I understand that certain information obtained as a result of this criminal history check may preclude my participation in the LISD volunteer program. I agree to conform to all district policies and procedures.

I certify that all the information in this application is true and correct, and I further understand that any misstatement or omission of information may be grounds for disqualification. I understand this application becomes a public record and is subject to disclosure. I understand that I have the right to review and challenge any negative information that would adversely impact my application.

Further, I herby hold harmless, release, and fully discharge LISD, its trustees, its agents, officers, or employees, from any and all liability, claims, causes of action, costs and expenses which may be attributed to my participation in the LISD Volunteer Program and/or any and all liability for the criminal history check and any action taken as a result of information obtained through the criminal history investigation.

_____ _____/_____/_____
Signature of Applicant Date

Luling Independent School District is an equal opportunity employer and does not discriminate against persons because of age, race, color, creed, religion, disability, gender, ethnic or national origin, or veteran status. LISD prohibits discrimination against individuals with disabilities and will reasonably accommodate applicants with a disability, upon request, and will also ensure reasonable accommodation for employees with disabilities.

For Office Use Only: Date CRC Completed: _____ Date Entered: _____ Initials: _____