

## MOODY ISD VOLUNTEER PACKET

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### *MOODY ISD'S MISSION STATEMENT*

**Moody ISD will equip students with the tools and abilities to be competitive in a global society, while upholding the traditions, pride and trust of the community.**



### *VISION STATEMENT*

**Moody ISD will demonstrate a firm commitment and dedication to the relentless pursuit of excellence in every level and area of education. We will recognize and value the potential for every student to become the absolute best that they can be.**

APPLICATION FOR VOLUNTEERS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

WHAT DAY OF THE WEEK WOULD YOU BE AVAILABLE TO WORK/HELP?  
(CIRCLE) M T W TH F

NUMBER OF HOURS YOU CAN CONTRIBUTE TO VOLUNTEER WEEKLY? \_\_\_\_\_

WHAT KIND OF VOLUNTEER WORK WOULD YOU PREFER? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BACKGROUND EXPERIENCE:

EDUCATION: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

EXPERIENCE: \_\_\_\_\_

PROVIDE FOR US THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF (3)  
REFERENCES WE MAY CONTACT, OR PROVIDE FOR US LETTERS OF  
REFERENCE FROM THE PERSONS LISTED:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

I UNDERSTAND THAT THE DISTRICT MAY CONDUCT A CRIMINAL BACKGROUND  
CHECK, AND I HAVE COMPLETED THE FORM TO PROVIDE THE INFORMATION  
TO CONDUCT SUCH A CHECK.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

MISD CRIMINAL HISTORY INFORMATION REQUEST

Confidential

The Moody 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.

Please print.

Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_

Driver's License \_\_\_\_\_  
State and Number

Mailing Address \_\_\_\_\_  
Street City State Zip

Sex:  Male  Female Ethnicity:  Black  White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used solely for the purpose of obtaining criminal history record information.\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

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

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us](http://www.txdps.state.tx.us) /Crime Records/Review of Personal Criminal History 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	