Arlington Independent School District
VOLUNTEER APPLICATION

• **<u>PRINT</u> (legibly) or type all of the following information.**   • **Please only complete <u>ONE</u> application per person.**

List all of your school-age children and <u>all of the schools</u> where you will be volunteering:

Student's Name_____Grade_____School_____

Student's Name_____Grade_____School_____

Student's Name_____Grade_____School_____

Other: _____

All information on the front and back of the application must be provided.
Incomplete applications will be destroyed.

Preferred Name: _____

Mailing Address:_____
    Street

_____
    City/State   *Zip Code*

Email Address: _____

Home Telephone Number: _____

Cell Telephone Number: _____

Work Telephone Number: _____

Are You An Arlington ISD Employee Or Substitute? ❏ Yes   ❏ No

Employed at the following Arlington ISD Location:_____

If not employed by Arlington ISD, Employer:_____

CODE OF ETHICS FOR VOLUNTEERS

- I realize that being a volunteer for Arlington ISD can help a student to attain his/her maximum educational potential as well as help and encourage all aspects of student growth.

- I will be responsible for arriving on time and be regular and consistent in attendance.

- I will encourage positive attitudes through sincere praise.

- I will be sensitive to procedures and student needs.

- I will be flexible in working with new ideas and materials.

- I agree to keep student information confidential. I will have respect for the confidential nature of school records, assignments and relationships between staff members and students.

TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

In accordance with Arlington ISD Board Policy, this application is being used to help provide a safe and secure environment for Arlington ISD students. The requested information regarding social security number, sex, race and date of birth is required by the Texas Department of Public Safety. This information is kept strictly confidential and is necessary only for processing the criminal history. This information will only be released as required by law.

A social security number must be provided. Before the application is processed, a clear copy of a driver license must be on file at the Community Programs department. As name changes occur, an updated copy will need to be provided. Individuals with an out-of-state license will need to contact the Community Programs department regarding the fee for processing. Required information is marked with an asterisk (*). Incomplete applications will be destroyed at the end of the school year.

* Name on Driver License:_____
Last   *First*   *Middle*   *Maiden*

* Sex: □ Male   □ Female

* Race: □ American Indian   □ Asian   □ Black   □ Hispanic   □ White

* Date of Birth (month-day-year):_____

* Social Security #:_____   *** Driver License #:**_____

Place of Birth and Counties/States or Cities/States Resided:_____

* Have you ever been convicted of or received deferred adjudication for a crime other than a minor traffic offense?   □   **Yes**   □   **No**

Due to the large volume of applications received, processing may take up to eight weeks. Applicants may check with the school or the Community Programs department regarding processing time and for approval status. Applicants will be placed on the AISD "Approved" list when either a clear criminal history has been received from the Texas Department of Public Safety or when an appeal has been processed.   Appeal process information is available upon request.

IN ORDER TO PROTECT THE STUDENTS OF ARLINGTON ISD,
WE ASK OUR VOLUNTEERS TO READ AND SIGN THE FOLLOWING:

I, the undersigned, authorize AISD to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency and to use said information for the purpose of evaluating my application for volunteering. I have read and understand the **Code of Ethics for Volunteers** and affirm that all the information contained in this application is true and complete and that misrepresentation, falsification or omission shall be cause for relinquishing my role as a volunteer in the Arlington ISD.

_____   _____
* *Applicant's Signature Required*   ***Date***

This application may be returned to the Community Programs department. Contact information listed below:

AISD Community Programs, 1333 West Pioneer Parkway, Arlington, Texas 76013
Telephone: 682-867-7826   Fax: 817-801-0801   Email: CommProg@aisd.net

For Department Use Only:

Location/Program:_____   CRC:_____
A-078-98   **Revised 1/1/2008**