

**CRIMINAL HISTORY CONSENT AND WAIVER**  
**VOLUNTEERS**

Texas laws require the Boerne ISD as a school district to conduct criminal history checks on individuals who request to volunteer in our schools. Specifically, Section 22.0835 of the Texas Education Code requires volunteers to submit to a criminal history check. We will conduct the check based upon your name and other personal information that you provide on this form. The Boerne ISD reserves the right to reject any application or request to become a volunteer. No volunteer has any legal right to serve or demand to serve in the District.

**NOTE TO PARENTS, GRANDPARENTS & GUARDIANS: If you are simply requesting to be with your child, grandchild, foster child, or ward during school time or during a school event or activity, it is not necessary to make a formal application or volunteer. However, if you are requesting to volunteer in a capacity where you will have supervisory control over students who are not your own or where you will have regular or frequent contact or association with students not your own, then you must sign this criminal history consent and waiver form.**

All information provided by you as a volunteer shall be treated as confidential information. By signing of this form you are agreeing to release, discharge, and hold harmless the BISD and its employees and representatives as well as organizations, agencies, corporations, partnerships, governmental entities, law enforcement agencies, individuals, employees or any other person or persons associated with the BISD from all actions, causes of action provided to the BISD pursuant to the document.

The results of your name based criminal history check are not allowed by law to be shared with you even though you have signed and submitted this consent form. You may contact the Texas Department of Public Safety for information and procedures about obtaining your personal criminal history. The Texas Department of Public Safety requires you to complete the additional verification form which will remain on file with the District until directed to be destroyed by DPS. **Finally, the law requires that your actual criminal history be destroyed following review. Therefore, Boerne ISD will periodically re-run your criminal background check based upon initial consent to do so.**

**Please provide the following information and responses:**

**Do you plan to serve as a volunteer more than once this school year?**  Yes  No

Be advised by signing this authorization form Boerne ISD will run periodic criminal background checks this school year only.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Maiden/Other Name(s) Used

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's license number including State

\_\_\_\_\_  
Last 4-digits of Social Security Number

Sex (circle one):                Male        Female

Ethnicity (circle one):        Hispanic/Latino        Non-Hispanic/Latino

Race (circle one or more):    American Indian or Alaska Native        Asian        Black or African American  
    White    Native Hawaiian or Other Pacific Islander

1. I am requesting to volunteer at the following campus (s): Check all that apply

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> AC/BA                      | <input type="checkbox"/> Boerne High School         | <input type="checkbox"/> Champion High School    |
| <input type="checkbox"/> Boerne Middle School North | <input type="checkbox"/> Boerne Middle School South | <input type="checkbox"/> Cibolo Creek Elementary |
| <input type="checkbox"/> Curington Elementary       | <input type="checkbox"/> Fabra Elementary           | <input type="checkbox"/> Fair Oaks Elementary    |
| <input type="checkbox"/> Herff Elementary           | <input type="checkbox"/> Kendall Elementary         | <input type="checkbox"/> Van Raub Elementary     |
| <input type="checkbox"/> Voss Middle School         |   |  |

2. I am requesting to volunteer in the following capacity or activity.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> BOA                       | <input type="checkbox"/> PTO                 | <input type="checkbox"/> mentor                       |
| <input type="checkbox"/> supervise classroom party | <input type="checkbox"/> supervise fieldtrip | <input type="checkbox"/> work/assist in campus office |
| <input type="checkbox"/> room parent               | <input type="checkbox"/> watch dog           | <input type="checkbox"/> as needed                    |
| <input type="checkbox"/> other: _____              |  |   |

# DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a computerized criminal  
APPLICANT or EMPLOYEE (Please print)

History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will 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 the 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 have a fingerprint search performed to clear any misidentification based on the name and DOB search.

In order to complete the fingerprint process I must make an appointment Fingerprint Applicant Services of Texas (FAST) as instructed online [www.tsdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.tsdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program vendor at 1-888-467-2080, submit a full and complete set of my 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 your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Boerne ISD  
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 <input type="checkbox"/> NO <input type="checkbox"/>	_____ initial
Purpose of CCH: <u>VOLUNTEER</u>	
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	