

Venus Independent School District Volunteer Registration Form

Name: _____
Last First Middle Initial

Address: _____

Home Phone Number _____ Cell _____

Are you a registered substitute teacher within the district? Yes/No

Campuses and/or events are you registering to volunteer at? (Circle all that apply)

Venus Primary Venus Elementary Venus Middle School Venus High School Athletics

In which department/area are you seeking to be an assigned volunteer?

Band/Field Day/Intern/Field Trip/Fine Arts/Dance/PTO Campus

Work/Tutoring/Mentor/Educator Student Observer

In agreement with Venus ISD volunteer policy a background check will be performed every year prior to issuance of a volunteer badge. All registered volunteers **must wear their ID badge at all times while on campus.** Please fully complete both application forms and return to your campus office. Incomplete forms will not be processed and lost badges will not be reissued during current year.

Spouses Name: _____
Last First Middle Initial

Spouse's Contact Number: _____

If YOU are injured who should we contact: Name _____

Phone #: _____ Hospital Preference: _____

If you have children in the district, please provide their name, campus and teacher

below:

Children's Name Teacher Campus

Children's Name Teacher Campus

Children's Name Teacher Campus

Back Ground submitted: _____ State _____ Nationwide _____

Badge Issued: _____ Campus: _____

Badge Denied: _____ Reason: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified 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 I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore the agency may request that I have a fingerprint search performed to clear any misidentification based on the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with MorphoTrustUSA, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$49.00 to the fingerprinting services company, Identgo.

Once this process is completed and the agency receives the data from DPS, 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 or Employee

Date

Venus ISD

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	Volunteer _____
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/> _____ initial
Date _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	