

Rice Independent School District Volunteer Application

Rice ISD will perform a Computerized Criminal History (CCH) verification check on all individuals who volunteer in our district. By submitting this form you are authorizing a Computerized Criminal History check to be performed.

Last Name

First Name

Middle Name

Address/City

Telephone Number

Day(s) of the Week you are Available to Volunteer:

- ☐ **Monday**
- ☐ **Tuesday**
- ☐ **Wednesday**
- ☐ **Thursday**
- ☐ **Friday**

Hours Available

Date of Birth (mm/dd/yyyy)

Drivers License Number

Indicate by selecting the tasks you feel comfortable to perform as a volunteer (VIPS)

- ☐ **Making Copies, Filing, Recording, other Clerical Tasks**
- ☐ **Assisting with Art Projects/Art Classes**
- ☐ **Library Aide**
- ☐ **Office Aide**
- ☐ **Monitoring Hallways/Lunchroom**
- ☐ **Individually Tutoring Students with Special Needs**
- ☐ **Read with Students**

Indicate a campus where you would like to volunteer. (You may select more than one.)

- ☐ **Rice Elementary School**
- ☐ **Rice Intermediate/Middle School**
- ☐ **Rice High School**

Child's Name/Grade

Homeroom Teacher's Name

Submit Completed Signed Application to Your Child's Campus Office Secretary or directly to the Rice Administration

DPS Computerized Criminal History (CCH) Verification

I, _____ have been notified that a computerized criminal 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 information I supply.

APPLICANT NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee to the fingerprinting services company.

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

Signature of Applicant

Date

Rice Independent School District

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

**Please:
Check and Initial each Applicable Space**

CCH Report Printed:

YES _____ NO _____ initial

Purpose of CCH: _____

Date Printed: _____ initial

Destroyed Date: _____ initial

Retain in your files

