

Natalia ISD School Volunteer Application

Parents wanted: Openings for volunteers at all schools. Many opportunities are available. Compensation: Countless rewards, including enhanced dialogue between parents and teachers, improved student behavior, and greater student commitment to academic achievement. All parents please apply.

PARENT/GUARDIAN'S NAME		EMAIL	
ADDRESS		STATE	ZIP CODE
PHONE		BEST TIME TO REACH YOU	
CHILD	GRADE	CHILD	GRADE
SPECIAL TALENT, EDUCATION, OR AREA OF INTEREST		PREFERRED CAMPUS/GROUP	

School Volunteer Opportunities, Parent Family Committee and Volunteer Opportunities.

General:

- Make copies or file (1 hour)
- Classroom helper (1 hour)
- Work at office reception desk (1 hour)
- Library volunteer (1 hour)
- Lunch/recess duty help (1 hour)
- Serve on school council/advisory board (1 hour)

Special Events at school:

- Back-to-School celebration (1 hour)
- Fall or Spring festival (1 hour)
- Book Fair (1 hour)
- Family fun nights (1 hour)
- Red Ribbon week (1 hour)

Our family would love to share its talents! Please call us for the following:

Construction Projects at home

- Basic Carpentry (1 hour)
- Welding (1 hour)

Foreign Language needs:

- Flyers, & newsletters translation (1 hour)
- Intercultural night (1 hour)

Contact: Marisa Saldana - for questions 830-663-4416
(ext. 7007) Marisa.Saldana@Nataliaisd.net

Curriculum/Enrichment:

- Teach after school class/hobby (1 hour)
- Research and coordinate cultural programs (1 hour)
- Help with Art week activities (1 hour)
- Science/Educational Fair (1 hour)
- Math night (1 hour)
- Read to students - Literacy events (1 hour)

Parent/School Communication:

- Newsletter editor, prepare flyers for events (1 hour)
- Publicity - photograph events, write releases (1 hour)

Fundraisers:

- Help w/flyers, packets, materials, or delivery (1 hour)
- Assist with school fundraising activities (1 hour)

Cooking/ Professional/ Speaker needs

- Potluck/BBQ/Spaghetti dinner (1 hour)
- Cooking/Painting classes for families (1 hour)
- Sporting events (1 hour)
- Adult financial class (1 hour)
- Adult Health/Personal fitness class (1 hour)

Other ways I can help:

The Parental Involvement Pledge

AS A PARENT, GRANDPARENT, OR CARING ADULT, I hereby give my pledge of commitment to help our community's children achieve a truly independent future. My declaration of responsibility and commitment to my public schools is stated in these five self-evident truths as spoken by President Woodrow Wilson:

- * As Guardians, we are the owners of the public school system.
- * As owners, we bear a responsibility to participate in the system.
- * Accountability for our public schools, their safety, their employees, and their funding rests with us and the rest of the system's owners.
- * Our children's future depends on the improvement of the public schools.
- * This improvement depends on our participation.

THEREFORE, AS A PARENT, GRANDPARENT, OR CARING ADULT, I take personal responsibility for my child's safety and education and the safety and education of the children I Volunteer for in this community.

I pledge to volunteer a minimum of five hours or as much of my time as possible to my public schools each semester. I pledge to spend a minimum of 15 minutes each school night reading with my child, or we will work together on homework and enrichment activity.

Signature

Date

Please make sure to fill out all forms, front & back, & add a copy of your Driver's License before submitting set.

Once the background check is returned you will be notified if you are cleared to volunteer. All Volunteer training, and online courses must be completed before you can begin volunteering.

CRIMINAL HISTORY RECORD INFORMATION REQUEST VOLUNTEERS/MENTORS

The Natalia Independent School District is authorized by state law to obtain criminal history record information on individuals who intend to serve as volunteers for the District (Texas Education Code 22.083) The information requested below is necessary to obtain criminal history record information.

Please print:

Full Last Name

Full First Name

Full Middle Name

Phone Number

Date of Birth (MM/DD/YYYY)

Sex: _____ Male _____ Female

Ethnicity: _____ Black _____ White _____ Hispanic/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for volunteering, but will be used solely for the purpose of obtaining criminal history record information. I consent to the District's use of the information I am providing about age, sex, and ethnicity for the purpose of obtaining criminal history record information.

Signature

Date

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

***PLEASE NOTE: APPLICATION WILL NOT BE PROCESSED WITHOUT A COPY OF DRIVER'S LICENSE/ID**

DPS Computerized Criminal History (CCH) Verification (Agency Copy)

I, _____, have been notified that a computerized criminal history (CCH)
Applicant or Employee Name (Please print)

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 & 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 (AUtomed 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 \$24.95 to the fingerprinting services company, MorphoTrustUSA.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record maybe discussed with me.

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

Signature of Applicant or Employee

Date

Grayed areas: Office Use Only

Natalia ISD

Agency Name (Please print)

P. McMillian

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Office Use only	
Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> _____ initial
Purpose of CCH: <u>Volunteer or Mentor app. or Application for Hire</u>	
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/> _____ initial
Date printed: <u>N/A</u>	_____ initial
Destroyed Date: <u>N/A</u>	_____ initial
Retain in your files	