

# CEDAR HILL INDEPENDENT SCHOOL DISTRICT

## VOLUNTEER APPLICATION

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

List the names of your child (ren), grade and schools where you will be volunteering:

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PLEASE CHECK VOLUNTEER AREAS OF INTEREST:

\_\_\_\_\_ TEACHER OBSERVATION

\_\_\_\_\_ GENERAL CAMPUS ASSISTANCE

\_\_\_\_\_ MENTORING

\_\_\_\_\_ MORNING GREETER (7:00 – 8:00 AM)

\_\_\_\_\_ STUDENT TUTORING

\_\_\_\_\_ PROFESSIONAL DEVELOPMENT TRAINING

Work with district administrators to supplement technology or other training for teachers or students:

Years of Experience \_\_\_\_\_ Area of Specialty/Profession \_\_\_\_\_ Certification/Degree In Field \_\_\_\_\_

\_\_\_\_\_ SPECIAL EVENT HELPER/CHAPERONE

\_\_\_\_\_ Field Days \_\_\_\_\_ Back To School Rally \_\_\_\_\_ Field Trip Chaperones \_\_\_\_\_ Carnivals \_\_\_\_\_ Science & Math Camps

Are you a Cedar Hill ISD employee or substitute? \_\_\_\_\_ Yes \_\_\_\_\_ No

If employee, what campus? \_\_\_\_\_

Are you available in the mornings or afternoons? \_\_\_\_\_ Mornings \_\_\_\_\_ Afternoons

Days you're available: \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F

### CODE OF ETHICS FOR VOLUNTEERS

- Help a student to attain his/her maximum educational potential as well as help and encourage all aspects of student growth.
- Sign in at the campus office and wear your badge while you are on campus, (mandatory).
- **Assist** teachers or staff members as directed.
- Speak to students, staff and parents in a respectful manner.
- Keep student information **confidential**. Respect the **confidential** nature of school records, assignments and relationships between staff members and students.
- Take any concerns to the principal or the nearest staff member. Never approach any child.

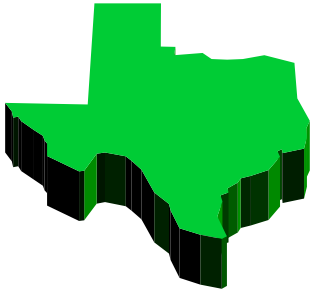
I have read the “**Code of Ethics for Volunteers**” and agree to follow these rules as a volunteer.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

### CHARACTER EDUCATION DEPARTMENT

If at any time we can assist you, please feel free to call our office. Contact person is:  
Loretta Morrison, Secretary at (972) 291-1581, ext. 4048, (972) 291-5212 fax, or e-mail: [loretta.morrison@chisd.net](mailto:loretta.morrison@chisd.net)



# DCS INFORMATION SYSTEMS

## CHISD VOLUNTEER PROGRAM BACKGROUND CHECK

THIS IS REQUIRED FOR THE SAFETY OF OUR STUDENTS AND DISTRICT REQUIREMENT

In accordance with Cedar Hill ISD Board Policy, this application is being used to help provide a safe and secure environment for Cedar Hill 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.

Before the application is processed, you must show your driver license or state issued ID to the Character Education Department. Required information is marked with an asterisk (\*). Incomplete applications will not be processed.

\* Name on Driver's License: \_\_\_\_\_  
*Last First Middle Maiden*

\* ETHNICITY:  Black  White  Hispanic  Asian  American Indian  Other

\* SEX:  Male  Female

\* Date of Birth (month-day-year): \_\_\_\_\_

\* Social Security Number: \_\_\_\_\_

\* Driver License or State issued ID #: \_\_\_\_\_

\* Have you ever been convicted of or received deferred adjudication for a crime other than a minor traffic offense? \_\_\_\_\_ YES \_\_\_\_\_ NO

\* **LIST CURRENT ADDRESS. IF NOT MORE THAN 5 YEARS, LIST PREVIOUS ADDRESSES.**

ADDRESS/CITY/TOWN	COUNTY	STATE	FROM:	TO:

Due to the large volume of applications received, processing may take up to two weeks. Applicants may check with the school or the Character Education Department regarding processing time and for approval status. Applicants will be placed on the CHISD "Approved" list when a clear criminal history has been received from the Texas Department of Public Safety.

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 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 Cedar Hill ISD. By my signature hereon, I signify that I understand that any volunteering with the Cedar Hill ISD is contingent upon receipt of a satisfactory criminal background investigation report.

**VOLUNTEER SIGNATURE REQUIRED**

**DATE**