

# SHARYLAND INDEPENDENT SCHOOL DISTRICT

1200 N. Shary Road Mission, TX 78572  
Telephone (956) 584-6400 Fax (956) 580-5231

## VOLUNTEER REQUIREMENT FORM

Dear Volunteer:

Pursuant to Texas Education Code Section 22.0835 and Board Policy GKG (LEGAL); school districts are required to obtain a criminal history record on all volunteers and shall contact the Texas Department of Public Safety to provide the information.

I, hereby, authorize the Sharyland Independent School District to conduct investigative inquiries into police records, the state prison system, the Department of Safety, and/or other criminal records to determine my acceptability.

I understand that if I am a volunteer at Sharyland Independent School District, I may be discharged if the District obtains information of my conviction for a felony, or any offense involving moral turpitude, that I did not disclose to the District.

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

**FULL NAME** \_\_\_\_\_  
LAST FIRST MIDDLE

PARENT/GUARDIAN

GRANDPARENT

**TELEPHONE NUMBER** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PLEASE PROVIDE ONE OF THE THREE IDENTIFICATIONS AS FOLLOWS:**

- 1. DRIVER'S LICENSE #** \_\_\_\_\_ **STATE** \_\_\_\_\_ **COUNTY** \_\_\_\_\_
- 2. OTHER FORM OF U.S. ISSUED I.D.** \_\_\_\_\_
- 3. SOCIAL SECURITY #** \_\_\_\_\_

**SEX**  MALE  FEMALE

**VOLUNTARY SUBMITTED RACE** (Check One)

- WHITE (non-Hispanic)  AFRICAN AMERICAN (non-Hispanic)  HISPANIC AMERICAN  
 INDIAN/ALASKAN NATIVE  ASIAN/PACIFIC ISLANDER

This information will be used only for the purpose of obtaining the required Criminal History Records for the safety of our students.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Campus Name

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Teacher's Name

Volunteer will be supervised by Campus employee while on School grounds.

**Principal Signature:** \_\_\_\_\_