

MANARA ACADEMY VOLUNTEER APPLICATION AND CRIMINAL HISTORY CHECK AUTHORIZATION

This application is being used to help provide a safe and secure environment for Manara Academy students. This information is kept strictly confidential and will be used exclusively for the purpose of obtaining criminal history record information and verifying your request to be a volunteer with Manara Academy based upon the standards set by the Board of Directors.

YOU MUST ATTACH A COPY OF YOUR DRIVER'S LICENSE TO THIS APPLICATION OR YOUR APPLICATION WILL NOT BE PROCESSED.

Name: _____
 First Middle Last Maiden

Date of Birth (required) (MM/DD/YYYY): _____

Drivers Lic. #: _____ State: _____ Last 4 digits of Social Security #: XXX-XX- _____

Email Address (required): _____

Home Phone Number: _____ Cell Phone Number: _____

Work Number: _____

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Volunteer Purposes: (Check all that apply)

Chaperone (Field Trip, Field Day, etc.) After school activity Classroom Assistance (Reading, Tutoring, etc)

PTO Copy Room Lunchroom Monitor Fundraising Other:

Campus: (Check all that apply) Irving Elem(Pre-K – 6th) Arlington STEM(Pre-K – 8th) MLA(7th – 12th)

Have you ever been convicted of or received deferred adjudication for a crime other than a minor traffic offense? Yes No

PLEASE READ AND SIGN THE FOLLOWING:

Criminal history records of all applicants will be checked through the Texas Department of Public Safety secure website. Any apparent computerized criminal history record results will be evaluated using the standards set forth in the Texas Education Code Section 22. Applicants who wish to contest the determination of ineligibility may submit an appeal in writing to Human Resources.

I, the undersigned, authorize Manara Academy to request and receive copies of any information pertaining to any criminal history records maintained by any law enforcement agency, and to use that information for the purpose of evaluating this volunteer application.

I affirm that all 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 with Manara Academy. I also understand that as a volunteer, I am expected to adhere to all school rules, policies, educator code of ethics, and standards of behavior normally expected of employees of Manara Academy.

Privacy/Use of Information Collected: We publish a list of approved volunteers to the administrative staff of the campus on which you have applied to serve. Manara is also an open enrollment public school. As such, the Texas Open Records Act applies to us. Data on approved volunteers may be subject to release under the Texas Open Records Act. No information on ineligible applicants will be shared with Manara staff or third parties.

Please Check One: If I am approved as an eligible volunteer, I DO / DO NOT agree to the release of my directory information to third parties.

Signature: _____ Date: _____

DPS Computerized Criminal History (CCH) Verification Form

I, _____, APPLICANT or EMPLOYEE NAME (Please Print) (Also sign and date in the blank at the end of the form) 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 the name and date of birth information 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 (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this search 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 and submit a full and complete set of my fingerprints, and pay a fee to the fingerprinting services company, L1 Enrollment Services. 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 Manara. Required for future DPS audits)

Signature of Applicant or Employee

_____/_____/_____
Date

Manara Academy

Agency Name (Please print)

Cecilia White

Agency Representative Name (Please Print)

Signature of Agency Representative

_____/_____/_____
Date

Please:

Check and Initial each Applicable Space

CCH Report Printed:

YES___ NO_X___ ___Initial

Purpose of CCH: Volunteer

Eligible___ Ineligible___ ___Initial

Date Printed: ___/___/___ ___Initial

Date Destroyed: ___/___/___ ___Initial