

# KidsCafe - Amarillo ISD

## Volunteer Registration/Background Information



TEXAS EDUCATION CODE 22.083 AUTHORIZES A SCHOOL DISTRICT TO OBTAIN THE CRIMINAL HISTORY OF EVERY VOLUNTEER IN THE SCHOOLS. THEREFORE, AS A PART OF YOUR VOLUNTEER APPLICATION PROCESS, WE ASK YOU TO COMPLETE THE FOLLOWING:

Please Print Clearly

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Mr./Ms./Dr.

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ e-mail address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_ (Birthday (Month, Day, Year))

<u>U.S. CITIZEN</u>	YES	NO	<u>Please Circle</u>
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**Sex:** Male  Female  **Race:** (Circle One) American Indian Asian Black Hispanic White/Other

If you have lived in Texas less than 5 years, please list your previous, complete address.

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

**KidsCafe Campus where you will be Volunteering:** \_\_\_\_\_

I hereby authorize any law enforcement agency, including a police department, the Texas Department of Public Safety and the Texas Department of Corrections, to release to Amarillo Independent School District my complete criminal history record. I understand that the Amarillo Independent School District is prohibited by Federal Regulations from providing me with a copy of my DPS criminal history record; however, I further understand that, upon my request, the District may quote to me data from the report. Thereafter, I have the right to challenge the accuracy of my DPS criminal history record. I understand that the information I am providing about age, sex, and race/ethnicity will not be used to determine volunteer eligibility, but will be used for the purpose of obtaining criminal history record information.

**Bolded and underlined printed information above is required by the state for the background check.**

\_\_\_\_\_  
**Signature**
**Date**

**Check One:** Parent  Grandparent  Other  Business  Community (civic, church, agency)

If Parent, please name your child/children attending AISD: \_\_\_\_\_

If business person, please name your Company: \_\_\_\_\_

Do you receive release time? YES  No

If Community Person, please name your organization: \_\_\_\_\_

**AISD America's Promise: 806-326-1015 - Fax 806-354-4378**

For Office Use Only: