

Date Requested: \_\_\_\_\_

Fee \$2 \_\_\_\_\_ Pd to \_\_\_\_\_  
Method of Payment: Ck \_\_\_\_\_ Cash \_\_\_\_\_

**BURLESON INDEPENDENT SCHOOL DISTRICT  
VOLUNTEER CRIMINAL HISTORY CHECK**

**\*\*TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT FOR ANY OTHER PURPOSE  
Please complete and return to Campus with \$2.00 processing fee.**

Student Name(s) \_\_\_\_\_

Campus(es) \_\_\_\_\_

Teacher(s) \_\_\_\_\_

Reason for Request \_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name or Initial</b>	
<b>Maiden or other name(s) used</b>	<b>Home Phone</b>	<b>Cell Phone</b>	
<b>* Address (complete including apartment number)</b>			<b>Email address (required)</b>
<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip</b>
<b>** Date of Birth</b>	<b>Social Security Number</b>	<b>**Gender</b>	<b>**Race</b>
<b>Drivers License Number</b>	<b>State</b>	<b>Expiration</b>	

I, \_\_\_\_\_, am an applicant for volunteerism with BISD and understand that as a part of the approval process, the district conducts a criminal history background check. I understand that the district may use any information provided during the application process, which includes the completion of this document, in performing the criminal history check. The following are my responses to questions about my criminal history (if any). **A conviction may not disqualify you, but a false statement will.**

1. \_\_\_YES \_\_\_NO Have you ever been arrested, convicted or plead guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors).  
If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Details of offense: \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_YES \_\_\_NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?  
If yes, please provide details below.

State: \_\_\_\_\_ County: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Details of offense: \_\_\_\_\_  
\_\_\_\_\_

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT MY ABILITY TO BE A VOLUNTEER WITH THE DISTRICT CAN BE TERMINATED.**

**APPLICANT (PRINT NAME)** \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, 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 name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

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 and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of 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 (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, 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, 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 your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	