

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

Fee \$1 \_\_\_\_\_ 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 \$1.00 processing fee.**

Student Name \_\_\_\_\_ Campus \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Student Name \_\_\_\_\_ Campus \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Student Name \_\_\_\_\_ Campus \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Student Name \_\_\_\_\_ Campus \_\_\_\_\_ Relationship to Student \_\_\_\_\_

I do not have a student at BISD, but would like to volunteer \_\_\_\_\_ Campus \_\_\_\_\_ Reason For Request \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name or Initial

\_\_\_\_\_  
Maiden or other name(s) used Home Phone Cell Phone

\_\_\_\_\_  
\* Address (complete including apartment number) Email address (required)

\_\_\_\_\_  
City County State Zip

\_\_\_\_\_  
\*\* Date of Birth Social Security Number \*\*Gender \*\*Race

\_\_\_\_\_  
Drivers License Number State Expiration

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\_\_\_\_\_.