

DANBURY INDEPENDENT SCHOOL DISTRICT

VOLUNTEER / PARENT PARTICIPANT APPLICATION

Name: _____

(Please Print)

Telephone Number: _____ Cell Phone: _____

Mailing Address: _____ City _____ State _____ Zip _____

Street Address: _____ City _____ State _____ Zip _____

Do you have children / related children attending school at DISD? YES NO

What grades are they in? EC PK K 1 2 3 4 5 6 7 8 9 10 11 12

EMERGENCY INFORMATION

Emergency Contact: _____

Relation: _____ Phone #: _____ Mobile/Pager #: _____

Emergency Contact: _____

Relation: _____ Phone:#: _____ Mobile/Pager #: _____

Doctor's Name: _____

Phone Number: _____

THE FOLLOWING INFORMATION IS NOT REQUIRED AND IS TO ONLY BE PROVIDED VOLUNTARILY

Health Information (List any conditions or problems)

Allergies (medication, food, etc.)

Current medications

Signature

Date

Approved by: _____ Date: _____

DANBURY INDEPENDENT SCHOOL DISTRICT CRIMINAL HISTORY AUTHORIZATION

Texas Education Code 22.083 authorizes a school district to obtain the criminal history record of every applicant for employment or volunteer services with the School District. Therefore, as a part of your application process, you need to complete the following questions:

(Please Print)

Last Name	First Name	MI	Jr/Sr etc...
_____	_____	_____	_____
Social Security Number	Driver License Number	State	Telephone #
_____	_____	_____	_____
Birth Date (mm/dd/yy)	Sex (check one)	Ethnicity (check one)	
_____	<input type="checkbox"/> M <input type="checkbox"/> F	Black <input type="checkbox"/> White/Other <input type="checkbox"/>	

Current Address

City	State	ZIP
_____	_____	_____

For Each Residence In The Last Five Years, List The City, State, Applicable Dates, and Applicable Last Names.

City	State	From (mm/yy)	To (mm/yy)	Last Name (at time of date listed)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Volunteers Only – List campuses or programs of interest to you:

Have you ever been convicted of or received deferred adjudication for a criminal offense? **Yes** **No**
 If **yes**, please indicate the year, location, and type of each offense. More facts may need to be discussed later.

Location: (city, state)	Offense:	Last Name:	Year:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby authorize School District and School District's agent(s) to obtain a consumer report on me. School District is authorized to use any source including, but not limited to, consumer reporting agencies, private investigators, and law enforcement agencies. Furthermore, I authorize any of these agencies to release information on me to School District or School District's agent(s). I also hereby acknowledge that I have received a notice that a report may be obtained for employment purposes if applicable. I understand that the information I am providing about age, sex, and ethnicity will not be used to determine my eligibility for employment or volunteer services, but will be used solely for the purpose of obtaining consumer information, including criminal history information. I further understand that information from my consumer report will not be used in violation of any applicable Federal or State equal employment opportunity laws.

Signature of Applicant **Date**