

**COVINGTON ISD**  
**VOLUNTEER APPLICATION**

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**PURPOSE OF THE PROGRAM**

Volunteers may be used in the District to:

1. Relieve the professional staff of non-instructional duties to provide more time for instruction, planning, or other responsibilities;
2. Offer individual assistance to students who may not be working successfully in a group situation;
3. Enrich the school program by making available the talents and resources of the community; and
4. Increase community support for District programs and policy.

**REQUIREMENTS FOR VOLUNTEERS**

Volunteers in the District will:

1. Attend orientation and training sessions appropriate to the type of volunteer service to be given.
2. Receive information regarding:
  - a. General job responsibilities and limitations;
  - b. School facilities, routines, and procedures;
  - c. Work schedule and place of work; and
  - d. Expected relationship to the regular staff.
3. Work under the direction and supervision of a teacher or other member of the school staff.
4. Submit to a criminal background check.
5. Provide to the District a driver's license or another form of identification containing your photo-graph issued by an entity of the United States government.
6. Work within the rules of the school, as established by the principal.

Teachers or other staff members will meet with their assigned volunteers periodically to evaluate services rendered and determine whether changes need to be made in assigned duties.

**ROLES OF VOLUNTEERS**

Volunteers in the District will:

1. Serve in the capacity of helpers and not be assigned to roles requiring specific professional training;
2. Refrain from discussing the performance or actions of any student except with the student's teacher, counselor, or principal; and
3. Refer any observed instructional, social, emotional, or medical problem of a student to an appropriate District employee.

**APPLICATION**

Individuals interested in serving in volunteer positions with the District must complete an application before beginning volunteer activities. [See GKG(EXHIBIT)]

**APPROVAL**

The campus principal has the authority to approve volunteers and volunteer activities. [See GKG(EXHIBIT)]

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Please complete the following information.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

2. Are you a relative to a student who is currently attending Covington ISD? Yes No

Student's Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

3. What days of the week would you be available to work:  
(please circle) M T W Th F

4. Number of hours you can contribute to volunteer work weekly \_\_\_\_\_

5. What kind of volunteer work would you prefer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Background and experience

Education \_\_\_\_\_

Special Skills \_\_\_\_\_

Experience \_\_\_\_\_

7. Please provide us with the names, addresses, and telephone numbers of three references we may contact, or provide us with letters of reference from the persons listed.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

I understand that the District may conduct a criminal history record check, and I have completed the addendum to provide the information needed to conduct such a check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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APPROVAL OF VOLUNTEERS

This is to verify that \_\_\_\_\_ (*volunteer's name*) is eligible for assignment as a volunteer. I have provided (*him*) (*her*) with an orientation to the procedures of the campus.

Date interviewed \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assignment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date



# DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a computerized criminal  
APPLICANT or EMPLOYEE NAME (Please print)

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 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 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, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment 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

**Covington ISD**

Agency Name (Please print)

Lisa Nivens

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

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

\_\_\_\_\_  
Date

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