

Campus \_\_\_\_\_

**MARBLE FALLS INDEPENDENT SCHOOL DISTRICT**

**VOLUNTEER OR MENTOR FORM**

***Forma para Voluntario o Mentor***

The Marble Falls Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and volunteers. The information requested below is necessary to obtain criminal history record information.

*El distrito Escolar Independiente de Marble Falls es requerido por el Código de la Educación de Texas, Capituló 22, Subcapitulo C a revisar la historia criminal de solicitantes, empleados, contratistas independientes, maestras estudiantiles, y voluntarios. La información requerida abajo es necesaria para obtener la información de registro de antecedentes penales.*

PLEASE PRINT OR TYPE: (Indicate legal name)

POR FAVOR DE IMPRIMIR O ESCRIBIR CON MAQUINA; (Indica su nombre legal)

|   |               |                        |                       |     |
|---|---------------|------------------------|-----------------------|-----|
| Full Name _____                                       |               |                        |                       |     |
| Nombre Completo                                       | Last/APELLIDO | First/NOMBRE           | Middle/Segundo Nombre |     |
| Last 4 digits Social Security Number _____            |               |                        | Date of Birth _____   |     |
| Los ultimo cuatro dígitos del Numero de Seguro Social |               |                        | Fecha de Nacimiento   |     |
| Driver's License _____                                |               |                        | Phone Number _____    |     |
| Numero de Licencia/ID                                 |               |                        | Numero Telefónico     |     |
| Mailing Address _____                                 |               |                        |                       |     |
| Dirección   | Street/Calle  | City/Ciudad            | State/Estado          | Zip |
| Sex: Male _____                                       | Female _____  | ETHNICITY: Black _____ | White/Other _____     |     |
| Sexo: Masculino                                       | Femenino      | ETNICIDAD: Negro       | Blanco/Otro           |     |
|   |               |                        |                       |     |
|   |               |                        |                       |     |

I understand the information I am providing about age, sex, and ethnicity will be used solely for the purpose of obtaining criminal history record information.

*Entiendo que la información que proporciono acerca de la edad, sexo, origen y étnicidad será utilizada exclusivamente con el fin de obtener información de registro de antecedentes penales.*

Signature/Firma \_\_\_\_\_

Date/Fecha \_\_\_\_\_

# 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.

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:<br/>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>                                      |               |