



North East Independent School District

8961 TESORO DRIVE - SAN ANTONIO, TEXAS 78217

Criminal History Record Check Requirement

Thank you for your interest in serving on the school board. Candidates seeking a position on the North East ISD Board of Trustees must complete a background check as required by Board operating procedures for all candidates and trustees.

Board members in the North East ISD are frequently asked to attend events on campuses and facilities where students are present, which is the reason for the check. Accordingly, the background check for candidates and trustees is the same one the District uses for any volunteer who would be on campuses or facilities where students are present. Any results do not prevent a person from being a candidate, but may impact his/her access to attending events outside of Board meetings. The information obtained will be confidential.

Please complete the enclosed Volunteer Criminal History Record Check form and submit it along with the other required documentation by the filing deadline.



North East Independent School District

8961 TESORO DRIVE, SUITE 402 - SAN ANTONIO, TEXAS 78217
(210) 407-0309 FAX: (210) 804-7158

Volunteer Number _____

Volunteer Criminal History Record Check

(An online application is available at <https://portal.neisd.net/vchrc/Default.aspx?SOURCE=V>)

In order to determine suitability for volunteering and/or mentoring in a school setting, I authorize the North East Independent School District, pursuant to Texas Education Code Section 22.083, to obtain any criminal history record information. I understand that this may include a search of local, state and/or federal law enforcement agency records and hereby expressly release any and all information these agencies may provide. If there is a need for clarification of my identity, I agree to provide additional information, including, but not limited to, photographs and fingerprints.

PLEASE PRINT ALL INFORMATION LEGIBLY (except signature)

This application only needs to be completed **once** with NEISD. Active accounts will automatically be resubmitted every two years.

NAME: _____
(Last) (First) (Middle)

PRESENT ADDRESS: _____

(City) (State) (Zip Code)

HOME PHONE: _____ OTHER PHONE: _____

(Please check)

SEX

- ☐ Male
☐ Female

ETHNICITY

- ☐ American Indian/Alaskan Native (I)
☐ Asian/Pacific Islander (A)
☐ Black (Non-Hispanic) (B)
☐ Hispanic (H)
☐ White (W)
☐ Other (O)

DATE OF BIRTH: Month: _____ Day: _____ Year: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

THE SCHOOL(S) I WILL VOLUNTEER AT: _____

E-MAIL ADDRESS: _____

As a Volunteer, I agree to abide by the following code of conduct:

- 1) I will sign in at the designated sign in station and sign out when my duties are complete.
- 2) I will wear a volunteer name badge or identification provided by the school each time I visit.
- 3) I will dress and act in an appropriate manner at all times.
- 4) I will maintain confidentiality outside of school and will share with teachers and/or school administrators any concerns that I may have related to student welfare and/or safety.
- 5) Whenever possible I will abide by the "three person rule." I understand that whenever possible a child is not to be left alone with an employee, volunteer or other district representative, unless a 3rd party is present. Programs involving spending one-on-one time with a student will be done so in a supervised setting.
- 6) I will not disclose, use or disseminate student photographs or personal information regarding students to anyone.
- 7) I agree to not transport students. Volunteers are not authorized to transport students, staff or other volunteers unless given special authorization through the Risk Management Department.
- 8) I agree not to smoke on the grounds of any NEISD Property
- 9) I will not have contact with students outside of school hours without the knowledge and/or consent of the student's parents.
- 10) I understand that the Volunteer Program will automatically resubmit my criminal history record check every two years

Failure to uphold any guideline or standard may result in dismissal from the NEISD Volunteer Program and may result in criminal prosecution.

SIGNATURE: _____ DATE: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I _____ acknowledge that a computerized criminal history (CCH) verification check
APPLICANT or EMPLOYEE NAME (Please Print)

may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411;subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check for background screening is not allowed to discuss any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprinting process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/Crime%20Records/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080,, submit a full and complete set of my fingerprints, request a copy sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting service 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)

Verificación computarizada de antecedentes penales del DPS

(COPIA DE NEISD)

Yo, _____, admito que se puede llevar a cabo una revisión

NOMBRE DEL SOLICITANTE o EMPLEADO (Letra de imprenta)
computarizada de historial delictivo (CCH) ingresando al sitio web seguro del Departamento de Seguridad Pública de Texas y puede basarse en los identificadores del nombre y de la fecha de nacimiento. (Este no es un formulario de consentimiento, sino que sirve como información para el solicitante). La autorización para que esta agencia obtenga acceso a los datos de historial delictivo de una persona se puede encontrar en el Subcapítulo F de la Sección 411 del Código de Gobierno de Texas.

La información basada en el nombre no es una indagación exacta y solamente las indagaciones del registro de huellas dactilares representan la verdadera identificación en el registro de un historial delictivo (CHRI, por sus siglas en inglés), por lo tanto a la organización que conduce la revisión de un historial delictivo no se le permite discutir conmigo nada de la información CHRI obtenida mediante la utilización del método de nombre y fecha de nacimiento. La agencia puede solicitar que yo también haga que se realice una indagación de huellas dactilares para aclarar cualquier identificación errónea basada en el resultado de la búsqueda con el nombre y fecha de nacimiento.

Para completar el proceso de toma de huellas dactilares, debo hacer una cita con los Servicios de Toma de Huellas Dactilares de Texas (*Fingerprint Applicant Services of Texas*, FAST) como se indica en línea en [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/Crime%20Records/Review%20of%20Personal%20Criminal%20History) o debo llamar a la parte vendedora del Programa del DPS por el 1-888-467-2080, presentar la impresión de todas las huellas dactilares, solicitar que se envíe una copia a la agencia abajo indicada y pagar la suma de \$25.00 a la compañía que ofrece el servicio de toma de huellas dactilares.

Una vez que se haya completado este proceso, la información acerca del informe de historial delictivo a través de mis huellas dactilares podrá ser discutida conmigo.

Signature of Applicant or Employee

Date

North East ISD

Agency Name

Agency Representative Name (Please Print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space

CCH Report Printed:

YES ☐ NO ☐ _____ initial

Purpose of CCH: _____

Empl ☐ Vol/Contractor ☐ _____ initial

Date Printed: _____ initial

Destroyed Date: _____ initial

Retain in your files