

SCHERTZ-CIBOLO-UNIVERSAL CITY ISD

Parent / Mentor / Volunteer Application

Criminal History Record Information

Confidential

Campus(s): _____

The Schertz-Cibolo-Universal City ISD Policy DC (Legal) and GKG (Local) authorizes the district to obtain criminal history record information on individuals who intend to serve as volunteers with the District. The information requested below is necessary to obtain criminal history record information. The district may deny an application to serve as a volunteer because of the applicant's criminal history.

Full Legal Name _____
(print) Last Name First Name Middle Name

Social Security Number _____ Driver License Number _____

Date of Birth _____

Sex: () Male () Female

This application when signed below constitutes my request to serve as a volunteer for the District. I understand the information I am providing about age and sex will not be used to determine eligibility for volunteer duties but will be used solely for the purpose of obtaining criminal history record information. I understand my criminal history information may be provided to the District Human Resources Office and to the campus principal.

Signature

Date

Criminal History Checked

Date: _____