

PLEASE PRINT

# VOLUNTEER BACKGROUND CHECK

NAME OF SCHOOL WHERE YOU VOLUNTEER \_\_\_\_\_

This information sheet will be forwarded to the Personnel Division of the Garland Independent School District, who will coordinate the background check. The following information is necessary to perform an accurate background history.

(Please print legibly)

Student Name \_\_\_\_\_

Volunteer Name \_\_\_\_\_  
Last First

Volunteer's Birthdate: Month   Date   Year

**Ethnic Background:**

- Native American (American Indian)
- African American
- Caucasian
- Asian, Pacific Islander, Native Alaskan
- Hispanic
- Other

Gender:  Male  Female

Counties where you have lived in the last five (5) years:

County	State	County	State

**FOR THE SAFETY OF OUR STUDENTS**

**Moral turpitude is an act of baseness, vileness, or depravity** in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, including, but not limited to theft, attempted murder, rape, swindling, and indecency with a minor.

Have you been convicted of a felony or any offense involving moral turpitude?  Yes  No

Have you ever been convicted of a felony or any offense involving moral turpitude and received probation?  Yes  No

Has any court ever received a plea of guilty or a plea of nolo contendere from you for any offense involving moral turpitude deferred further proceedings without entering a finding of guilty and placed you on probation?  Yes  No

If you answered yes to any question in this section, please explain in full. (attach pages if needed)

Being convicted of a crime is not an automatic bar to being a volunteer in our schools. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the volunteer position you are seeking.

**AGREEMENT—Please read carefully before signing**

I certify that the answers given by me to all the questions on this application and any attachment are to the best of my knowledge and belief, true and correct. I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation of my volunteer activity, upon discovery thereof.

I hereby authorize the Garland Independent School District to submit the volunteer background check to the Department of Public Safety and I hereby release said agency and the Garland Independent School District, its agents and employees from any and all liability or responsibility arising from furnishing such information. I understand that the application and records become the property of the District which reserves the right to accept or reject them.

VOLUNTEER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This information and the resulting report from the Department of Public Safety are strictly confidential and will be released to no one without your written authorization.

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE