



**La Vernia Independent School District**

13600 US Hwy. 87 W, La Vernia, TX 78121

Phone: 830.779.6600 Fax: 830.779.2304

[www.lvisd.org](http://www.lvisd.org)

Superintendent of Schools

Dr. Hensley Cone

**2022 - 2023 School Year**

**Application for**

**Parent Volunteer, Classroom Observations/Student Teachers, Contract Personnel, Nurses/LVN**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Release of Information  
To Any Law Enforcement Agency**

I am volunteering with the La Vernia Independent School District in Wilson County, Texas. Article 21.917 of the Texas Code Education code entitles a school district to obtain criminal history record information that relates to volunteering with the district if, at the time of the request for the information, the school district submits to the custodian of the information a signed statement from the volunteering applicant authorizing the school district to obtain the information.

Please accept this as my signed statement, authorizing the release of such information to La Vernia Independent School District and its agent or representative.

Date of Birth: \_\_\_\_\_

Race: (circle one)    Anglo            Hispanic            American Indian            African American

Drivers License No. \_\_\_\_\_ State Issued: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

***Attach copy of Driver's License application will not be process without it.***



**La Vernia Independent School District**

13600 US Hwy. 87 W, La Vernia, TX 78121  
Phone: 830.779.6600 Fax: 830.779.2304

[www.lvisd.org](http://www.lvisd.org)

Superintendent of Schools  
Dr. Hensley Cone

**DPS Computerized Criminal History (CCH) Verification  
(Agency Copy)**

I, \_\_\_\_\_, have been notified that a computerized criminal history (CCH)  
(Print Applicant or Employee Name)  
verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information/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 fingerprints and pay the fees associated with this service to the fingerprints services company, IdentGo.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history 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)

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

\_\_\_\_\_  
Date

<b>Check and Initial each Applicable Space</b>	
CCH Report Printed	
YES _____ NO _____ Initial _____	
Purpose of CCH: _____	
Hire: _____ Not Hired _____ Initial _____	
Date Printed _____ Initial _____	
Destroyed Date _____ Initial _____	
<b>Retain in Your Files</b>	



## La Vernia Independent School District

13600 US Hwy. 87 W, La Vernia, TX 78121

Phone: 830.779.6600 Fax: 830.779.2304

[www.lvisd.org](http://www.lvisd.org)

Superintendent of Schools

Dr. Hensley Cone

### **DISTRICT VOLUNTEER PROGRAM Confidentiality Policy**

Thank you for your willingness to work with our students. You are providing a very valuable service to our school district.

It is important to understand the following policies when working with students or school information:

1. **Confidentiality:** A feeling of mutual understanding and trust between the school and a volunteer is essential. The classroom teacher will select appropriate educational materials for each volunteer to use when working directly with a student. As a volunteer, you will encounter situations where you have access to student, teacher, and adult confidences as well as personal information regarding individual's abilities, struggles, and successes. Please remember that such information must be left in the classroom and with the people responsible for conducting classes or for supervising the activities you are involved in. As a volunteer, your responsibility is to maintain confidentiality and you must not share information that can be detrimental to any individual or group.
2. **Commitment:** Please make a professional commitment. Be consistent and dependable in coming to school. Please notify the school the school office if you are unable to come at your committed time.
3. **Sign In and Out:** Remember to sign in and out at the front office and wear your identification badge at all times when serving as a volunteer. Your hours of service must be recorded in the office so that an accurate report can be prepared to evaluate the success of the program.

If you have any questions as to the policy and /or procedures involving your volunteer work, please ask the principal, school volunteer coordinator or Community Programs Director.

I have read the above policies and understand their importance. All information about a student is considered confidential and I will treat the information that way.

Volunteer's Name: \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_ Date: \_\_\_\_\_