

## Garland ISD Volunteer Criminal History Update

Garland ISD seeks to create a safe sanctuary for students, free from crime, violence, drugs, and abuse. Pursuant to the Texas Education Code the Garland Independent School District conducts screenings for any record of criminal history. The district shall obtain the criminal history record of prospective volunteers who will be working with students, including but not limited to camp counselors, mentors, tutors, field trip sponsors, overnight trip sponsors, any volunteers who will have access to student information, and volunteers who work on a regular basis with students.

**All volunteers are required to submit to a criminal history background check before participating as a volunteer at a Garland ISD school. They also must provide a driver's license or other form of identification containing the person's photograph issued by an entity of the United States government. *Education Code 22.0835***

**Volunteers shall be denied if they meet the following criteria:**

- Prior felony conviction under Texas Penal Code Title 5 (crimes against the person), or
- Conviction requiring registration as a sex offender.

**Volunteers may be denied if they meet the following criteria:**

- Prior felony conviction or deferred adjudication of a felony offense.
- Prior conviction or deferred adjudication of a misdemeanor offense within the last 5 years involving moral turpitude (acts that are generally considered morally or ethically wrong), including but not limited to, crimes that involve dishonesty, fraud, deceit, misrepresentation, deliberate violence, or offenses involving drugs or alcohol.

Volunteers may be asked to provide information regarding the offense before a judgment is made. Failure to do so, will result in an applicant being denied.

**Factors that may be considered when circumstances require discretionary judgment:**

- *Possibility of Incorrect identity*
  - Applicant may provide evidence to support his/her identity status
  - Applicants may choose to be fingerprinted to clear any misidentification
- *Nature of the offense*
  - Severity and number of offenses
  - Age of applicant at time of offense
  - Pattern of conduct established by multiple offenses that may be detrimental to children
- *Length of time since last arrest*
  - A clear record of 10 years or more may indicate good conduct
- *General Guidelines*
  - Dismissed charges may be disregarded
  - A period of probation completed, with no infractions, may be disregarded depending on the severity of offense and consideration of above factors.
  - Deferred adjudication or pleas of no contest resulting in a probation term may be treated as a conviction and the decision may be made on the above factors.

**For Office Use Only by Campus:**

Identification Verification Date \_\_\_\_\_ Identification Confirmed by \_\_\_\_\_  
Submitted by Campus Code or Name \_\_\_\_\_

**GARLAND INDEPENDENT SCHOOL DISTRICT  
CRIMINAL HISTORY CHECK**

(Please complete and return to Campus)

Student(s) Name \_\_\_\_\_ Grade \_\_\_\_\_ Campus(es) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Student(s) \_\_\_\_\_

**Please print legibly**

Male Female  
Last Name First Name Middle Name Gender (Circle one)

Maiden Name or other name(s) used Home Phone Cell Phone

\*Address (complete including apartment number) Email Address

City County State Zip

\*\*Date of Birth Drivers License Number/State Issued ID Number State Expiration

**\*\*TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT FOR ANY OTHER PURPOSE.**

I, \_\_\_\_\_, am an applicant for volunteerism with Garland ISD and understand that as a part of the approval process, the district conducts a criminal history background check. I understand that the district may use any information provided during the application process, which includes the completion of this document, in performing the criminal history check.

\_\_\_ YES \_\_\_ NO As of the date of this consent form, do you have any pending charges against you?

If yes, please provide details below:

State \_\_\_\_\_ County \_\_\_\_\_ Date of Offense \_\_\_\_\_

Details of pending charges: \_\_\_\_\_

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT, AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT MY ABILITY TO VOLUNTEER WITH THE DISTRICT CAN BE TERMINATED.**

APPLICANT (PRINTED NAME) \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# DPS Computerized Criminal History (CCH) Verification

## (Agency Copy)

I, (Printed name) \_\_\_\_\_, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety (DPS) Secure Website and will be based on **name and date of birth** information I supply.

Named based criminal history checks are not always exact. I understand that only fingerprint record searches represent true identification to criminal history. If the name search provides a criminal report that I know could not be mine, then I understand I can submit to have a fingerprint search performed to clear any misidentification based on the name search.

**If I choose to be fingerprinted**, I understand that 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 fingerprinting (FAST) form from Garland ISD, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, LI Enrollment Services.

Once this process is completed and Garland ISD receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me. Garland ISD is not allowed to discuss any information obtained from the background check process with anyone other than the said individual.

**(This copy must remain on file by Garland ISD. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Representative Name (Please Print)

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

\_\_\_\_\_  
Date

**Please:**

**Check and Initial each Applicable Space**  
(for Garland ISD Human Resources Use only)

CCH Report printed:

YES \_\_\_\_\_ NO \_\_\_\_\_ \_\_\_\_\_ Initial

Purpose of CCH: \_\_\_\_\_

Hire \_\_\_\_\_ Not hired \_\_\_\_\_ \_\_\_\_\_ Initial

Date Printed: \_\_\_\_\_ \_\_\_\_\_ Initial

Destroyed Date: \_\_\_\_\_ \_\_\_\_\_ Initial

**Retain in your files**