

Date Requested: _____

Fee \$1 _____ Pd to _____

Method of Payment: Ck _____ Cash _____

**BURLESON INDEPENDENT SCHOOL DISTRICT
VOLUNTEER CRIMINAL HISTORY CHECK
**TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT FOR ANY OTHER PURPOSE
Please complete and return to Campus with \$1.00 processing fee.**

Student Name _____ Campus _____ Relationship to Student _____

Student Name _____ Campus _____ Relationship to Student _____

Student Name _____ Campus _____ Relationship to Student _____

Student Name _____ Campus _____ Relationship to Student _____

I do not have a student at BISD, but would like to volunteer _____ Campus _____ Reason For Request _____

Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used	Home Phone	Cell Phone
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* Address (complete including apartment number)	Email address (required)
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City	County	State	Zip
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** Date of Birth	Social Security Number	**Gender	**Race
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Drivers License Number	State	Expiration
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I, _____, am an applicant for volunteerism with BISD 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.

The following are my responses to questions about my criminal history (if any). **A conviction may not disqualify you, but a false statement will.**

1. YES NO Have you ever been arrested, convicted or plead guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors).

If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____ / _____ / _____

Details of offense: _____

2. YES NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of offense: _____

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 BE A VOLUNTEER WITH THE DISTRICT CAN BE TERMINATED.

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____

Signed this _____ day of _____, 20_____.