

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification check APPLICANT or EMPLOYEE NAME (Please Print) will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method, therefore the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB 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 Identifications System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Verificación computarizada de antecedentes penales del DPS

(COPIA DE NEISD)

A mí, _____, se me ha notificado que se realizará una verificación NOMBRE DEL ASPIRANTE o EMPLEADO (Letra de imprenta)

computarizada de antecedentes penales (CCH, por sus siglas en inglés) ingresando al Sitio Web Seguro del Departamento de Seguridad Pública de Texas y se basará en la información que proporciono con el nombre y fecha de nacimiento.

Debido a que la información basada en el nombre no es una indagación exacta y solamente las indagaciones del registro de huellas digitales representan una verdadera identificación de antecedentes penales, a la organización (indicada abajo) que conduce la indagación de antecedentes penales no se le permite que discuta nada de la información obtenida mediante la utilización de este método, por lo tanto la agencia puede ofrecer la oportunidad de que se realice una indagación de huellas digitales para aclarar cualquier identificación errónea, si la búsqueda proporcionara un informe penal que yo sé que no podría ser el mío.

Para el proceso de toma de huellas digitales se me requerirá que presente para un análisis completo todas mis huellas digitales a través del AFIS (sistema automatizado de identificación de huellas digitales) del Departamento de Seguridad Pública de Texas. Se me ha informado que con el fin de completar este proceso debo tener el formulario correcto de huellas digitales (FAST) de NEISD, debo hacer una cita en línea, presentar por completo todas las huellas digitales y pagar la suma de \$24.95 a la compañía que ofrece el servicio de toma de huellas digitales, L1Enrollment Services.

Una vez que se haya completado este proceso y el NEISD reciba los datos del Departamento de Seguridad Pública, la información acerca del informe de antecedentes penales a través de huellas digitales podrá ser discutida conmigo.

Signature of Applicant or Employee

Date

North East ISD

Agency Name

Brooke Pate

Agency Representative Name (Please Print)

Brooke Pate

Signature of Agency Representative

Date

**Please:
Check and Initial each Applicable Space**

CCH Report Printed:

YES NO _____ initial

Purpose of CCH: _____

Hire Not Hired _____ initial

Date Printed: _____ initial

Destroyed Date: _____ initial

Retain in your files



North East Independent School District

8961 TESORO DRIVE, SUITE 402 - SAN ANTONIO, TEXAS 78217
(210) 407-0309 FAX: (210) 804-7158

District Volunteer
Coordinator
e-mail: lpate@neisd.net

Volunteer Number _____

Volunteer Criminal History Record Check

(An online application is available at <https://portal.neisd.net/vchrc/>.)

In order to determine suitability for volunteering and/or mentoring in a school setting, I authorize the North East Independent School District, pursuant to Texas Education Code Section 22.083, to obtain any criminal history record information. I understand that this may include a search of local, state and/or federal law enforcement agency records and hereby expressly release any and all information these agencies may provide. If there is a need for clarification of my identity, I agree to provide additional information, including, but not limited to, photographs and fingerprints.

PLEASE PRINT ALL INFORMATION LEGIBLY (except signature)

This application only needs to be completed **once** with NEISD. Active accounts will automatically be resubmitted annually.

NAME: _____
(Last) (First) (Middle)

PRESENT ADDRESS: _____

(City) (State) (Zip Code)

HOME PHONE: _____ OTHER PHONE: _____

- (Please check)
- | | |
|---|---|
| <p><u>SEX</u></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> | <p><u>ETHNICITY</u></p> <p><input type="checkbox"/> American Indian/Alaskan Native (I)</p> <p><input type="checkbox"/> Asian/Pacific Islander (A)</p> <p><input type="checkbox"/> Black (Non-Hispanic) (B)</p> <p><input type="checkbox"/> Hispanic (H)</p> <p><input type="checkbox"/> White (W)</p> <p><input type="checkbox"/> Other (O)</p> |
|---|---|

DATE OF BIRTH: Month: _____ Day: _____ Year: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

THE SCHOOL(S) I WILL VOLUNTEER AT: _____

E-MAIL ADDRESS: _____

As a Volunteer, I agree to abide by the following code of conduct:

- 1) I will sign in at the designated sign in station and sign out when my duties are complete.
- 2) I will wear a volunteer name badge or identification provided by the school each time I visit.
- 3) I will dress and act in an appropriate manner at all times.
- 4) I will maintain confidentiality outside of school and will share with teachers and/or school administrators any concerns that I may have related to student welfare and/or safety.
- 5) Whenever possible I will abide by the "three person rule." I understand that whenever possible a child is not to be left alone with an employee, volunteer or other district representative, unless a 3rd party is present. Programs involving spending one-on-one time with a student will be done so in a supervised setting.
- 6) I will not disclose, use or disseminate student photographs or personal information regarding students to anyone.
- 7) I agree to not transport students. Volunteers are not authorized to transport students, staff or other volunteers unless given special authorization through the Risk Management Department.
- 8) I agree not to smoke on the grounds of any NEISD Property
- 9) I will not have contact with students outside of school hours without the knowledge and/or consent of the student's parents.

Failure to uphold any guideline or standard may result in dismissal from the NEISD Volunteer Program and may result in criminal prosecution.

SIGNATURE: _____ DATE: _____