



IN ORDER TO VOLUNTEER OR PARTICIPATE IN SCHOOL RELATED ACTIVITIES,
YOU MUST SUBMIT THIS COMPLETED BACKGROUND CHECK BY:

1st Semester - September 21, 2009
2nd Semester - January 29, 2010
Summer School - May 7, 2010

FOR DISTRICT OFFICE USE ONLY
(date received)

VOLUNTEER AND/OR PARTICIPATE IN SCHOOL-RELATED ACTIVITIES BACKGROUND CHECK

(PLEASE PRINT)

This information 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.

If all information is not complete, the form will be returned to your child's school. This may delay your ability to volunteer.

1. Your name: _____

2. Your telephone number: Day _____ 3. Evening _____

4. Your email address: _____

5. Your birthdate: Month _____ Day _____ Year _____

6. Your Ethnic Background: *(please choose from one listed below)*

<input type="checkbox"/> Native American (American Indian)	<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Asian, Pacific Islander, Native Alaskan	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____

7. Your gender: Male Female

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

County	State	County	State

9. Please complete this information regarding all children who live in your home:

All Children's Names	Your Relationship To Child(ren)	School(s) Attending	Teacher's Names

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 Garland Independent School District which reserves the right to accept or reject them.

10. VOLUNTEER'S/PARTICIPANT'S SIGNATURE

11. CAMPUS

12. 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.