BRACKETT INDEPENDENT SCHOOL DISTRICT

Brackett Independent School District
PO Box 586
Brackettville, TX 78832
(830) 563-2491 www.brackettisd.net

VOLUNTEER AGREEMENT

Thank you for volunteering your services to the students and staff of BISD. All volunteers must be at least 21 years of age and approved by the Superintendent. Once approved, your name will be added to a list of volunteers for the current school year. This agreement will expire on the last day of school.

Chaperones

Only approved volunteers can serve as chaperones for field trips or other school sponsored events. Sign up is done at the campus office and approved by the Principal on a "trip by trip" basis.

In connection with my desire to provide volunteer services to the Brackett Independent School District, I consent to and authorize the Brackett ISD and its agent to conduct a DPS background check. This form does not authorize the district or any agent to perform any type of background check other than a DPS history check. I understand I have the right to review and challenge any negative information that would adversely impact a decision to allow me to volunteer at the district. I acknowledge that it is within the district's sole discretion as to whether I am allowed to volunteer services at the district.

CONFIDENTIAL
DPS Background Record for Volunteers

All information requested below is necessary to obtain your DPS background record information.

Please print.

_____
Last Name First Middle Name or Initial

_____
Maiden or other name(s) used in any and all other records of birth or records of residence.

_____
Mailing Address Physical Address

_____
City County State Zip Code

_____
Date of Birth Social Security Number Phone/Cell Number

_____
Driver's License Number State Issued by

_____
Email Address

I understand that the information that I am providing about age, sex, and ethnicity will not be used to determine eligibility for volunteering but will be used solely for the purposes of obtaining DPS background record information.

Gender: _____ Male ____ Female Ethnicity: ___ American Indian ___ Asian ___ Black ___ Hispanic ___ White

Please answer the following questions related to your DPS background record (*if any*):

1. Have you ever been convicted or pled guilty before a court for any federal, state or municipal criminal offense? (excluding minor traffic misdemeanors) ___ YES ___ NO
   If yes, please provide details below.

   State: _____ County: _____ Date of Offense: _____

   Details of Conviction: _____

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? ___ YES ___ NO If yes, please provide details below.

   State: _____ County: _____ Date of Offense: _____

   Details of Adjudication: _____

3. Have you ever received probation or community supervision for any federal, state or municipal offense? ___ YES ___ NO If yes, please provide details below.

   State: _____ County: _____ Date of Offense: _____

   Details of Supervision: _____

4. Have you ever been convicted of any criminal offense in a country outside of the jurisdiction of the United States? ___ YES ___ NO If yes, please provide details below.

   State: _____ County: _____ Date of Offense: _____

   Details of Conviction: _____

5. As of the date of this consent form, do you have any pending charges against you? ___ YES ___ NO
   If yes, please provide details below.

   State: _____ County: _____ Date of Offense: _____

   Details of Pending Charges: _____

List other states of residence: _____

In case of emergency, contact:

Name Relationship

Phone / Cell Number(s)

I certify that all information provided in this form is true, correct, and complete. If it is later shown that any information is incorrect or incomplete, I understand that this would constitute grounds for denying me the opportunity to provide to the district voluntary services.

I understand that I am offering my services to the Brackett ISD without compensation, and I certify that I am at least 21 years of age.

I understand that all volunteers are expected to conduct themselves in a respectable manner at all times and serve as role models for the students. I will not use alcoholic beverages, use tobacco products, use or possess controlled substances or dangerous drugs, use inappropriate language, have inappropriate contact with students, or otherwise display inappropriate behavior. Volunteers are subject to the same standards of conduct as employees of the District. Proper identification will be worn at all times while on campus, on field trips, or other school sponsored events.

I understand any children in my care who are not a part of the class or group, cannot accompany me while on campus or on any school owned vehicles.

If I am volunteering for an overnight trip, I understand that I am assuming 24-hour a day responsibility for students from the time they leave the district until the time they return.

Signature of Volunteer	Signature of Superintendent
Printed Name of Volunteer	☐ Acceptable ☐ Unacceptable
Date:	Date:

BRACKETT INDEPENDENT SCHOOL DISTRICT

PLEASE NOTE THAT THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES, INCLUDING A RELEASE OF LIABILITY FOR INJURIES OR DAMAGES SUFFERED AND AN AGREEMENT TO INDEMNIFY BRACKETT ISD FOR CLAIMS ASSERTED AS A RESULT OF SUCH INJURIES OR DAMAGES. IF YOU HAVE QUESTIONS REGARDING THE EFFECT OF THIS RELEASE, YOU ARE ENCOURAGED TO CONSULT LEGAL COUNSEL.

***A SIGNED DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION FORM MUST ACCOMPANY THIS AGREEMENT.**

Brackett Independent School District

Volunteer Acknowledgment

By signing below, I acknowledge the following as a condition of volunteering with students at Brackett ISD:

1. Under Texas Education Code Section 11.005, I will not engage in, and will not be asked or authorized by the District to engage in, any "diversity, equity, and inclusion duties" as defined by that section.
2. I will not provide instruction, guidance, activities, or programming that violates Texas Education Code Section 28.0022 or Section 28.0043.
3. I understand my volunteer activity may be observed by District staff to ensure compliance with this acknowledgment.

Brief Explanation of Texas Education Code Sections 28.0022 and 28.0043

Section 28.0022 – Certain Instructional Requirements and Prohibitions: This law addresses how certain controversial public-policy topics are discussed in class and prohibits requiring instruction that promotes specified concepts about race and sex. Topics that are discussed must be addressed objectively and without political bias.

Section 28.0043 – Restriction on Instruction Regarding Sexual Orientation and Gender Identity: This law generally prohibits schools, school employees, and third parties from providing instruction, guidance, activities, or programming regarding sexual orientation or gender identity to students in prekindergarten through grade 12, subject to exceptions in the law.

This summary is for general information only. The full statutes and applicable legal requirements govern.

Signature	Date
Printed Name	Campus / Event

THIS FORM IS NOT TO BE USED AS A CONSENT/AUTHORIZATION FORM.
Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.
Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F https://statutes.capitol.texas.gov/.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is **not** allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online Crime Records General Information | Department of Public Safety (texas.gov) Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me. **Acknowledge by signing below.**

Applicant Signature:	Date:

Section 2: Agency use only. Must be completed by authorized personnel conducting search.
Agency Name:
Authorized User:
Signature of Authorized User:
Date of Name-Based CCH Search:

Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.	
Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. ☐ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.
CHRI Retention Period	☐ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ☐ Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	
Destruction Method	Explain:

CHRI + Audit Resources Link