



Clint Independent School District

Application for Volunteer Registration

VOLUNTEER MAY BEGIN AFTER BACKGROUND CHECK HAS ABEEN CLEARED AND CAMPUS NOTIFIED

Date _____ Campus _____

____ Parent ____ Student ____ Business/Organization ____ Community Member ____ District Employee

Are you a (PTO, PTA, Boosters...etc.) Officer? ____ Yes ____ No (If yes see below)

What position do you hold in the school organization? _____

Name of child(ren) attending Clint ISD and School Name:

(1) _____ (3) _____

(2) _____ (4) _____

Name _____ DOB _____ / _____ / _____
(Last) (First) (MI) (yr) (month) (day)

Sex: _____ Female _____ Male

Mailing Address _____
(street name and address) (city) (State) (Zip)

Home Phone _____ Work Phone _____

Background Check Release: Section 22.083 of the Texas Education code required all volunteers to sign the following statement of consent:

I do hereby authorize the Clint ISD district to obtain any criminal history information that relates to me.

(Signature of Volunteer) (Social Security #) (Texas Drivers License #)

Since Volunteers are not regular employees of the school district, we have to inform you in advance that the district carries no insurance coverage that would be available to pay any expenses that you might incur due to any injury you may sustain during your volunteer service.

Please sign below acknowledging that you have read and received a copy of this memorandum.

Signature of Volunteer

Date

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