



# 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**

DEPARTMENT OF HUMAN RESOURCES  
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