



CEDAR HILL INDEPENDENT SCHOOL DISTRICT

VOLUNTEER APPLICATION

NAME ON DRIVER'S LICENSE: _____
 PREFERRED NAME (if different): _____
 MAILING ADDRESS: _____
 EMAIL ADDRESS: _____
 DAYTIME PHONE: _____ CELL PHONE: _____

List the names of your child(ren), grade and schools where you will be volunteering:

NAME: _____	GRADE: _____	SCHOOL: _____
_____	_____	_____
_____	_____	_____

PLEASE CHECK VOLUNTEER AREAS OF INTEREST:

_____ GENERAL CAMPUS ASSISTANCE	_____ CLASSROOM OBSERVATION (to fulfill credits)
_____ MORNING GREETER (7:00 – 7:45 AM)	_____ MENTORING (please request packet)
_____ STUDENT TUTORING	_____ OTHER (specify _____)
_____ SPECIAL EVENT HELPER/CHAPERONE	
_____ Concession Stands _____ Back To School Rally _____ Field Trip Chaperones _____ Carnivals _____ Science & Math Camps	

Are you a Cedar Hill ISD employee or substitute? _____ Yes _____ No
 If employee, what campus? _____
 Are you available in the mornings or afternoons? _____ Mornings _____ Afternoons
 Days you're available: _____ M _____ T _____ W _____ TH _____ F

CODE OF ETHICS FOR VOLUNTEERS

- Help a student to attain his/her maximum educational potential as well as help and encourage all aspects of student growth.
- Sign in at the campus office and wear your badge while you are on campus, (mandatory).
- Assist teachers or staff members as directed.
- Speak to students, staff and parents in a respectful manner.
- Keep student information **confidential**. Respect the **confidential** nature of school records, assignments and relationships between staff members and students.
- Take any concerns to the principal or the nearest staff member. Never approach any child.

I have read the “Code of Ethics for Volunteers” and agree to follow these rules as a volunteer.

 Volunteer Signature

 Date

STUDENT SUPPORT AND COMMUNITY SERVICES DEPARTMENT

If at any time we can assist you, please feel free to call our office. Contact information is:
 (972) 291-1581, ext. 4050, (972) 293-8682 this is the correct fax number...

PLEASE DO NOT FAX DIRECTLY TO HUMAN RESOURCE

Please email your Volunteer Application and Background check to: volunteers@chisd.net



PARTNERS IN EDUCATION

A NEWSLETTER FOR DISTRICT VOLUNTEERS of CEDAR HILL ISD
Volume 1, Issue 1
August, 2010

VOLUNTEER GUIDELINES

The district is bound by law and tradition to set certain standards for all volunteers to follow. This ensures that all students are protected while they are attending school. The following guidelines apply:

- 1) **Check in at the front office when you arrive at school.** This ensures that only authorized persons are allowed on school grounds. Be prepared to give drivers' license to be scanned through Raptor system. You will receive a printed badge to wear until you leave the building. Please return the badge to the front office upon departure.
- 2) You must not give medications or medical treatment to an ill student.
- 3) You may not promote any commercial products or brand names during your service.
- 4) You may not make a referral to any public or private treatment program, individual or agency.
- 5) You may not propose any political candidates/parties.
- 6) You must seek the aid of appropriate school personnel in case of serious discipline problems, or suspected mental health or drug and alcohol problems.
- 7) You must avoid lending money to students, so that parents are not expected to return unauthorized expenditures.
- 8) You must comply with campus guidelines for meeting with students (during specified times and in approved locations)
- 10) Volunteers must dress appropriately when offering services. We request the following:
 - Tops with sleeves,
 - Apparel without vulgar wording or pictures,
 - Shorts the same length (or longer) of your fingertips when placed at your sides,
 - No "rings" in nose, eyebrows or tongue, and
 - No "dangling" earrings for men.



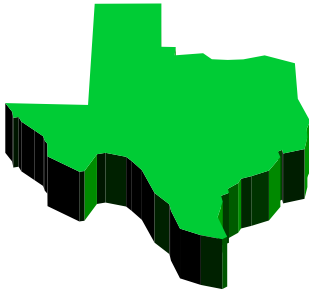
Special Note: If you refuse to comply with the above guidelines or misrepresent yourself in any way on a campus, your volunteer privileges **will be revoked**. You will be notified of our decision verbally, and in writing. You will be directed to return your badge and removed from approved lists of volunteers and to discontinue your services with this district for the remainder of the school year.

Please sign below acknowledging that you have received a copy of these guidelines and agree to comply at all times.

Printed Name

Signature

Date



DCS INFORMATION SYSTEMS

CHISD VOLUNTEER PROGRAM BACKGROUND CHECK

THIS IS REQUIRED FOR THE SAFETY OF OUR STUDENTS AND DISTRICT REQUIREMENT

List the School(s) at which you will be volunteering: _____

In accordance with Cedar Hill ISD Board Policy, this application is being used to help provide a safe and secure environment for Cedar Hill ISD students. The requested information regarding social security number, sex, race and date of birth is required by the Texas Department of Public Safety. This information is kept strictly confidential and is necessary only for processing the criminal history. This information will only be released as required by law.

Before the application is processed, you must show your driver license or state issued ID to the Student Support and Community Services Department. Required information is marked with an asterisk (*).

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

* Name on Driver's License: _____
Last First Middle Maiden

* ETHNICITY: Black White Hispanic Asian American Indian Other

* SEX: Male Female

* Date of Birth (month-day-year): _____

* Social Security Number: _____ * Driver License or State issued ID #: _____

* Have you ever been convicted of or received deferred adjudication for a crime other than a minor traffic offense? _____ YES _____ NO

**LIST YOUR CURRENT and PREVIOUS ADDRESSES IN THE TABLE BELOW
A MINIMUM OF THE LAST 10 YEARS MUST BE LISTED**

ADDRESS/CITY/TOWN	COUNTY	STATE	FROM:	TO:

Due to the large volume of applications received, processing may take up to two weeks. Applicants may check with the school or the Student Support and Community Services Department regarding processing time and for approval status. Applicants will be placed on the CHISD "Approved" list when a clear criminal history has been received from the Texas Department of Public Safety.

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for volunteering, but will be used solely for the purpose of obtaining criminal history record information. I have read and understand the **Volunteer Code of Ethics** and affirm that all the information contained in this application is true and complete and that misrepresentation, falsification or omission shall be cause for relinquishing my role as a volunteer in the Cedar Hill ISD. By my signature hereon, I signify that I understand that any volunteering with the Cedar Hill ISD is contingent upon receipt of a satisfactory criminal background investigation report.

VOLUNTEER SIGNATURE REQUIRED

DATE