CLINT INDEPENDENT SCHOOL DISTRICT
Application for Volunteer Registration

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

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ City _____ State _____ Zip _____

Sex: Female / Male _____ Date of Birth: (month / day / year) _____ Home Number _____

Campus/Department: _____ Date: _____

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

Are you a (PTO, PTA, Boosters…etc.) Officer? Yes ☐ No ☐

If YES, what position do you hold in the school organization? _____

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

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 _____ Social Security Number _____ Drivers License Num. _____

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 PERSONNEL SERVICES
14521 Horizon Blvd.
El Paso, Texas 79928
Phone (915) 926-4063 / Fax (915) 926-4069

Revised: (04/07)