



Campus: _____

BURKBURNETT INDEPENDENT SCHOOL DISTRICT

416 GLENDALE STREET BURKBURNETT, TEXAS 76354-2499 (940) 569-3326

VOLUNTEER APPLICATION FORM

Name: _____

Address _____

Phone #: Home _____ Work _____

Childrens Names: _____

CRIMINAL HISTORY RECORD INVESTIGATION

LIST ANY OTHER NAMES EVER USED: _____

SEX Male Female RACE: _____

DATE OF BIRTH: _____ Numeric month, day, year (01-02-45)

DRIVER'S LICENSE NUMBER: _____

STATE LICENSE ISSUED IN: _____

SOCIAL SECURITY NUMBER: _____

LIST ANY CITIES AND STATES, YOU HAVE WORKED OR LIVED IN, IN THE LAST FIVE YEARS.

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

In connection with my application for volunteering, I understand that a complete background investigation regarding criminal record information may be conducted through an outside agency. (Texas Education Code Section 21.917)

I agree that a photostat of this authorization shall be considered as effective and valid as the original. I authorize and request all law enforcement agencies to release such information without restriction or qualification. I also release any agency hired to gather information from all liability associated with this background investigation.

I have read and understand the above statement.

SIGNATURE: _____

DATE: _____