



UNITED INDEPENDENT SCHOOL DISTRICT

Roberto J. Santos
Superintendent

Dear Prospective School / Parent Volunteer:

You hear it all the time, **“Get involved in your child’s learning...get involved in your child’s school...get involved in your child’s education...”**. But why should I get involved? How can I get involved?

Research shows (National PTA), that when parents are involved in their child’s education:

- Students achieve more, regardless of socio-economic status, ethnic/racial background, or the parents’ education level.
- Students have higher grades and test scores, better attendance, and complete homework more consistently.
- Students have higher graduation rates and greater enrollment rates in post-secondary education.
- Students behaviors, such as alcohol use, violence, and antisocial behavior decrease.

Therefore, it is imperative that parents, families and the Laredo Community be involved in the process that will promote a healthy system of public education and assist in educating all children to meet high academic expectations and standards.

The contributions made by parents, families and community members to children’s education are invaluable. Thank you for wanting to make a difference in the lives of our students!

Sincerely,

Annette Perez, Director

Student Relations (Parental Involvement) & Discipline Management

It is the policy of United I.S.D. not to discriminate on the basis of race, color, national origin, sex, or handicap in its programs, services, or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.

Annette Perez, Director
Student Relations (Parental Involvement) & Discipline Management
201 Lindenwood Dr. - Laredo, Texas 78045 - (956) 473-6460 - Fax (956) 473-6413



UNITED INDEPENDENT SCHOOL DISTRICT

SCHOOL/PARENT VOLUNTEER PACKAGE LETTER AND CHECKLIST

School / Parent Volunteer Checklist

Purpose: Volunteers may be retained in the schools to assist professional staff during routine and clerical matters in an effort to increase the effectiveness of the instructional program.

Authority: Volunteers in the school shall work directly under the supervision of the principal in whose building they are assigned, in accordance with approved procedures.

As per board policy GKG(LOCAL) "All prospective volunteers shall fill out an application form provided by the District." You may begin the process of being a School/Parent Volunteer with United Independent School District by simply providing the following documentation to the School / Parent Volunteer Campus Coordinator:

- _____ 1. U.I.S.D. School/Parent Volunteer Application completed by the applicant and signed by both the Principal and Applicant.
- _____ 2. A Criminal History Record (verified by UISD Human Resources Department)
U.I.S.D. Policy GKG(LOCAL): "The District shall obtain the criminal history record of prospective school volunteers. The appropriate District administrator shall inform the campus principals and the campus principals shall inform volunteers when their services are to begin."
- _____ 3. Certificate of Examination of School Personnel for Tuberculosis
U.I.S.D. Policy GKG(LOCAL): "Volunteers new to the District shall provide evidence of a tuberculosis test that discloses the results of the examination administered within 120 days before beginning volunteer services in the District."
- _____ 4. Copy of a valid Texas Drivers License, Texas Identification Card or Picture I.D.
- _____ 5. School/Parent Volunteer Interest Survey. (OPTIONAL)

Please Note:

1. Beginning with academic school year 2003-2004, School/Parent Volunteer Packet must be completed on an annual basis.
2. U.I.S.D. employees are required to submit both a current application and a copy of the current school year UISD picture ID tag for annual renewal.
3. TB test not required if the applicant was an "Approved Volunteer the PRIOR YEAR". However, an application to be a volunteer AND a Criminal History Record Information Authorization form **MUST BE COMPLETED EACH CONSECUTIVE SCHOOL YEAR**. A picture ID must also be submitted.
4. If the volunteer takes a year off and did not submit a parent volunteer application, then the applicant must submit an 1. Application, 2. Criminal History Authorization Form, 3. Copy of identification (i.e. driver's license) and 4. Obtain a current TB test.
5. The School / Parent Volunteer Campus Coordinator at each school will receive an updated Volunteer list each Friday after 3:00 p.m.
6. Application processing will be approximately 7 to 10 work days from the date received at the Student Relations-Discipline Management Office.
7. If a Volunteer will be assisting at different schools, they must obtain each school principal's signature on the application.
8. Incomplete Applications will be returned to the School / Parent Volunteer Campus Coordinator. The School / Parent Volunteer Campus Coordinator will call the applicant if information is missing. Please verify all data to avoid any delays.
9. Current UISD students who wish to volunteer their services for extracurricular activities at a UISD school must complete a volunteer application. Parent/guardian signature/permission is required on the application as well as the Criminal History Authorization Form. The school nurse will complete the Certificate of TB/Immunization form.



UNITED INDEPENDENT SCHOOL DISTRICT

201 LINDENWOOD DR. – (956) 473-6460 – FAX (956) 473-6413

SCHOOL / PARENT VOLUNTEER APPLICATION

An Equal Opportunity Employer (PLEASE PRINT)

Date of most current TB test or Chest X-ray: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

Name _____ S.S.# _____
Last First Middle Initial

Permanent Address _____
Street/Box City State Zip Code

Home Phone # _____ Work Phone# _____ Cell Phone # _____

Other Name Which May Appear on Official Records _____

Area/Organization for Which You Are Volunteering for _____

Were you an approved School/Parent Volunteer last school year? Yes No If yes, list the campus: _____

Are you a UISD employee? Yes No Are you a current UISD student? Yes No

Check Highest Level Attained:
 Not High School Graduate (Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12)
 High School Graduate/G E D College Degree Other Training or Education

Current Employer/Name of Company _____

Position _____ Name of Supervisor _____

Phone _____ Date of Employment _____

Please list three (3) references who may be contacted:

Full Name of Reference	School District / Firm Name	Title	Mailing Address Including Zip	Phone No.	Verified by:

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. ANY FALSIFICATION OF THESE RECORDS WILL BE SUFFICIENT CAUSE FOR DISQUALIFICATION. Furthermore, it is understood that this application becomes the property of the United I.S.D., which reserves the right to accept or reject it. References and personal information which becomes a part of this record are to be regarded as confidential and shall not be revealed to me.

Applicant Signature _____ / / _____ (Date) Parent Signature _____ / / _____ (Date) (required if applicant is a UISD student)

School: _____ Signature of Principal _____ / / _____

School: _____ Signature of Principal _____ / / _____

School: _____ Signature of Principal _____ / / _____

FOR DEPARTMENT USE ONLY

School / Parent Volunteer Application

Approved Not Approved

 Director of Student Relations (Parental Involvement) Date

FOR DEPARTMENT USE ONLY

Criminal History Record

Approved Not Approved

 Print Signature Date



**UNITED INDEPENDENT SCHOOL DISTRICT
CERTIFICATE OF EXAMINATION OF SCHOOL PERSONNEL
FOR TUBERCULOSIS**

CAMPUS/DEPT _____ ID# _____

THIS IS TO CERTIFY THAT _____

_____ SOCIAL SECURITY # _____ ADDRESS _____ TELEPHONE _____

RECEIVED A TUBERCULIN TEST:

TUBERCULIN TEST: _____ DATE _____ RESULT: NEGATIVE REACTION
 POSITIVE REACTION

PRINT NAME and SIGNATURE OR STAMP of
person & entity performing the Tuberculin Test

**THIS PORTION FOR CHEST X-RAY ONLY:
*Reverse side of page must also be completed***

RESULTS: NORMAL CHEST FINDING NOT DONE
 ABNORMAL CHEST FINDING

AND WAS FOUND TO _____ ACTIVE TUBERCULOSIS.
(be free of) or (have)

PHYSICIAN RECOMMENDATION:

DATE: _____

PHYSICIAN'S SIGNATURE OR STAMP

TEXAS MD/DO LICENSE NO#

In order to comply with Texas Law (VTCS 4477-12, Sec. 5), the examination must be completed and the certificate with results must be furnished to the governing board of the public school prior to the commencement of the individual's duties.

Current UISD students only:

I hereby acknowledge the above named student's immunizations are current as required by the Texas State Department of Health & Safety.

Nurse's Signature Date



UNITED INDEPENDENT SCHOOL DISTRICT

HUMAN RESOURCES DEPARTMENT

201 Lindenwood Rd., Laredo, Texas 78045; (956) 473-6273; Fax (956) 473-6303;
Toll Free 1-800-933-6013

CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

I authorize the United Independent School District to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency and to use said information for the purpose of evaluating my application for employment or volunteering.

In order to obtain a criminal check you must be 18 years or older.

PERSONAL INFORMATION

Legal Name: _____ Social Security No.: _____
Last Name First Name Middle Initial

Address: _____ Sex: _____ Race: _____
Street City State Zip Code Male or Female White, Black, Hispanic, Other

Drivers License No.: _____ Date of Birth: _____
Numeric Month /Day/ Year

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
(required if applicant is a UISD student):

22.083 Access to Police Records of Employment Applicant

(a). A school district is entitled to obtain criminal history record information that relates to an applicant for employment or a volunteer with the district if, at the time of the request for the information, the district submits to the custodian of the information a signed statement from the employment applicant authorizing the district to obtain the information. UISD students must obtain parent permission and signature (as evidenced above) prior to submitting the Criminal History Information Authorization Form.

(b). A school district may obtain information under this section from any law enforcement agency, including a police department or the Department of Public Safety, or from the Texas Department of Corrections. A school district may use information obtained under this section only for the purpose of evaluating applicants for employment or volunteering.