



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,

Liz Raymond,
Coordinator of Parent Volunteers

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.

José A. Almazán, Director
Office of Admissions~Attendance~Dropout Recovery
201 Lindenwood Dr. - Laredo, Texas 78045 - 956.473.8772 - Fax: 956.473.6442



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. **DPS Computerized Criminal History (CCH) Verification**
- _____ 4. **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."
- _____ 5. **Copy of a valid Texas Drivers License or Texas Identification Card.**

Please Note:

1. 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 Office of Admissions, Attendance, and Dropout Recovery.
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.



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201 Lindenwood Dr. - 956.473.8772 - FAX: 956.473.6442

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

Coordinator _____ Date _____ Print _____

FOR DEPARTMENT USE ONLY

Criminal History Record

- Approved Not Approved

Signature _____ Date _____



UNITED INDEPENDENT SCHOOL DISTRICT
CERTIFICATE OF EXAMINATION OF SCHOOL PERSONNEL/VOLUNTEERS
FOR TUBERCULOSIS
HEALTH SERVICES DEPARTMENT

CAMPUS/DEPT _____ ID# _____

THIS IS TO CERTIFY THAT _____
NAME (LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY # _____ ADDRESS _____ TELEPHONE _____

RECEIVED A TUBERCULIN TEST: PPD TIME
DATE RESULT: 0MM RESULT: NEGATIVE REACTION
 ___MM POSTIVE REACTION

Print Physician's Name

Signature

Please provide stamp if agency for authentication

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: _____

PHYSICIANS'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.

MF 002

UISD Form 903-009
Rev. 09/11

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REACTOR EVALUATION

CHECK (1) APPROPRIATE STATEMENT AND SIGN BELOW:

_____ I am tuberculin positive and had the recommended course of treatment for tuberculosis Infection or disease.

_____ I am tuberculin positive and have had one negative chest x-ray since becoming tuberculin Skin test positive. Date of last chest x-ray: _____

This statement is to confirm that I DO NOT have symptoms consistent with pulmonary Tuberculosis such as:

Cough lasting longer than three (3) weeks
Unexplained fever
Night sweats
Unexplained weight loss
Coughing up blood
Chest pain

If I develop any of these symptoms, I agree to seek immediate medical attention.

Signature

Date

EVALUACION DE REACTOR

_____ Soy positivo al examen de la tuberculina y he tomado el tratamiento para la enfermedad de la tuberculosis.

_____ Soy positivo al examen de la tuberculina y desde entonces me tomo una radiografía de tórax la cual ha sido negativa. Fecha de última radiografía: _____

Por medio de la presente hago constar que no presento síntomas relacionados con tuberculosis tales como los siguientes:

Tos con duración de más de tres semanas
Fiebre inexplicable
Sudoraciones nocturnas
Perdida de peso inexplicable
Expectoración con sangre al toser
Dolor en el pecho

Si llego a presentar dichos síntomas, me comprometo a recibir atención médica.

Firma

Fecha



UNITED INDEPENDENT SCHOOL DISTRICT

Office of Admissions~Attendance~Dropout Recovery

201 Lindenwood Rd., Laredo, Texas 78045; (956) 473-6452; Fax (956) 473-6422

CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

The United Independent School District is required by the Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and volunteers. The information requested below is necessary to obtain criminal history.

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

Social Security #: _____			
Legal Name: _____		Date of Birth: _____	
First Name	Middle	Last Name	Numeric Month/Day/Year
Address: _____		City: _____	State: _____ Zip Code: _____
Sex: _____	Race: _____	Driver's License Number/State: _____	
Male or Female	White, Black, Hispanic, Other		

Moral turpitude is an act of baseness, vileness or depravity in the private or social duties outside the accepted standards of decency and that shocks the conscience of an ordinary person, including, but not limited to theft, murder, rape, swindling and indecency with a minor.

Yes No Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor)?

If yes, please attach statement of the nature of the offense:

Yes No Have you ever been charged with, been convicted of, received deferred adjudication (probation), pled guilty or nolo contendere for an offense of capital murder, attempted murder, murder, voluntary manslaughter, involuntary manslaughter, indecency with a child, injury to a child or elderly or disabled individual, kidnapping, deadly weapon was used or exhibited or for any felony related to the manufacture, delivery or possession of marijuana, a controlled substance, or dangerous drug?

"Conviction" shall include probation or deferred adjudication (probation), a finding of guilt or acceptance by the court of a plea of guilty, or nolo contendere. Conviction of a crime is not an absolute bar to employment. Pursuant to district policy, the district will review each application according to the criteria set forth in the district's DC (Local) policy.

Yes No Have you ever been involuntarily terminated, asked to resign, or resigned due to employee misconduct from any previous employer? If yes, please give the name of your prior employer, date and reason(s) for such action.

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.

(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.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.
APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

United I. S. D.

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ initial
Purpose of CCH:	_____
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your files	