



Volunteer Application

Recent state legislation attempting to improve student safety requires any person wishing to volunteer agree to a Name Based Criminal History Check. This is in addition to the Raptor System, which compares all visitor names against sexual offender databases and is currently implemented at all RRISD campuses.

If you regularly volunteer and your efforts meet any of the following criteria, please complete the this or the online application at <https://hrsapp.roundrockisd.org/appentry/> :

- You are a Parent or non-Parent volunteers and may be unaccompanied at any time by a RRISD employee. (i.e., Mentors, WatchDog Dads, classroom, cafeteria, library & field-day volunteers, dance and field trip chaperones, etc.)
- You are not a parent, grandparent or guardian of a student enrolled on the campus where you will be volunteering.
- A RRISD Administrator requests you complete a volunteer application.

AUTHORIZATION FOR STANDARD

DEPARTMENT OF PUBLIC SAFETY CRIMINAL BACKGROUND CHECK:

I affirm that I have not been convicted of any felony. I am not currently under indictment for any felony or misdemeanor offense.

I hereby give my voluntary consent to a criminal history check. By my signature below, I empower the Round Rock Independent School District (RRISD) to be my designated representative for the purpose of obtaining my criminal history record information maintained by law enforcement agencies. I understand that certain information obtained as a result of this criminal history check may preclude my participation in the RRISD Volunteer Program.

Further, I hereby hold harmless, release, and fully discharge the RRISD, its agents, officers or employees, from any and all liability, claims, causes of action, costs and expenses which may be attributed to my participation in the RRISD Volunteer Program and/or any and all liability for the criminal history check and any action taken as a result of information obtained through the criminal history investigation.

Printed Name _____
(Last) (First) (Middle Initial) (Maiden Name)
 Home Address _____
 City _____ State _____ Zip _____ - _____
 Home Phone () _____ Preferred E-Mail _____

_____ / ____ / ____
 State Issued Drivers License Number _____ State _____ Date of Birth (month/day/year)
 Or other form of Identification _____ Issuing Agency _____

Gender Male Female

Ethnicity (circle one): African American Hispanic White Asian Indian Other

Signature of applicant _____ Date _____

By signing above, you provide authority to Round Rock ISD to verify the personal information you've provided, as well as the criminal history background check. Your signature attests to the truthfulness of all the information listed in this profile.

RRISD Campus: _____ Campus Contact Name: _____

In order to be processed, the completed application along with a photo copy of identification must be faxed to: Michelle Jackson, Community Partnerships Supervisor at 464-5055