

CYPRESS-FAIRBANKS I.S.D. PARTNERS IN EDUCATION
GLOBAL VOLUNTEER APPLICATION

(print) Name: _____ / / _____ Sex: _____
(Last) (First) (Middle initial) (Date of Birth)

Present home address: _____

(City) (Zip)

Place of Employment _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Ages of children: _____

MEDICAL: [Optional] In the event of a medical emergency while serving in one of our schools in Cypress-Fairbanks ISD, please complete the following:

Medications currently taking: _____

Health concerns: _____

Name and phone number of a person to contact in case of emergency:

Name: _____ Relationship: _____

Phone(s): Home: _____ Mobile: _____

Work: _____

Write a brief statement on why you wish to be a global volunteer in the Cypress-Fairbanks ISD VIPS Program:

List special interests or skills you may have, prior teaching or tutoring experience, or languages you speak:

Preference of Day (Mon - Fri.): Choice #1 _____ Choice #2 _____

BestTime of Day (7:30am – 4:30pm): Choice #1 _____ Choice #2 _____

I would like to volunteer in (circle all that apply):

Elementary K 1 2 3 4 5 Middle 6 7 8 High 9 10 11 12

Campus Preference: **1st** choice _____ **2nd** choice _____

Other _____

Have you previously applied to be a Cy-Fair Global Volunteer? _____ If so, when _____

VOLUNTEER OATH

I understand the need to maintain confidentiality regarding information that I might gain about students, families, and staff as I volunteer in the schools.

I also understand that I am not to discuss individual student progress or behavior with any other person other than the school personnel.

I understand that if I violate school confidentiality rules, I may be asked to terminate my volunteer service.

Pursuant to Section 22.0835 of the Texas Education Code, I understand that Cypress-Fairbanks ISD is required to conduct a criminal history review and reserves the right to receive and review any records maintained by any law enforcement agency.

I hereby declare that all statements in this profile application are true and accurate.

Signature

Date

Complete and return to:
Pam Scott
Partners In Education Director
Cypress-Fairbanks I.S.D.
8877 Barker Cypress Road, Suite 1118
Cypress, Texas 77433
Fax: (281) 894-3959
Phone: (281) 894-3950

CBC date approved: _____

CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT
HOUSTON, TEXAS

Pursuant to Section 22.0835 of the Texas Education Code, CFISD is required to conduct a criminal history review. Board policy GKG provides the following:

Obligation to Report All volunteers of the District have an ongoing duty to report to his or her VIPS liaison when or if the volunteer is convicted of any crime other than a minor traffic offense.

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (Fair Credit Reporting Act)

Department: 193 Social Security Number: _____

Please Print Clearly

Last Name: _____

First Name: _____

Other Last Name (i.e. maiden name): _____

Middle Initial: _____ Date of Birth: ___/___/___ Sex: male female

Texas Driver's License Number _____

Race: (circle one) Asian/Pacific Islander, Black, Hispanic, American Indian/Alaskan, White

Current Address: _____ Apt. # _____

Current City: _____ Current State: _____ Current Zip: _____

Current County: _____

Please make sure both sides of this form are complete.

ALL Previous Addresses (After high school graduation or 18 years of age, starting with the most recent)

City/Town	County	State	From	To

Have you ever been convicted of a felony, misdemeanor, or any other offense other than a minor traffic infraction? Yes____ No____

If yes, please explain circumstances: _____

Have you ever been charged for a felony, misdemeanor, or other offense, other than a minor traffic infraction, for which you received probation or for which a court received a plea of guilty or a plea of nolo contendere (no contest) resulting in your placement under deferred adjudication?

Yes____ No____

If yes, please explain circumstances: _____

I am an applicant for global volunteering with the Cypress-Fairbanks Independent School District and have been advised that, as part of the application process, the District will conduct a criminal history check. The District has informed me that I have the right to review and challenge any negative information reported, within a reasonable time frame established at the sole discretion of the District. In compliance with the Fair Credit Reporting Act, I have been advised that, upon request, I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance, and source of all information.

I hereby certify that all information provided is true, correct, and complete. I understand that if any information is found to be incorrect or incomplete; the District has the right to remove me from all volunteer responsibilities.

Signature

Date