

Please check all that apply:

- | | | | | | |
|---|--|--|--|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Parent Volunteer | <input type="checkbox"/> Grandparent Volunteer | <input type="checkbox"/> Partners In Education | <input type="checkbox"/> Community Volunteer | <input type="checkbox"/> PTA/PTO | |
| <input type="checkbox"/> Student Observer | <input type="checkbox"/> Student Teacher | <input type="checkbox"/> Temporary Worker | <input type="checkbox"/> Substitute | <input type="checkbox"/> Mentor | <input type="checkbox"/> Tutor |
| <input type="checkbox"/> Aramark | <input type="checkbox"/> Durham | <input type="checkbox"/> After-School Care | <input type="checkbox"/> Vendor | <input type="checkbox"/> Booster Club | |
| <input type="checkbox"/> GCA | <input type="checkbox"/> Other _____ | Title/Sport _____ | | | |

(Complete the above for PTA, PTO and Booster Club)

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

I am a volunteer or an applicant for employment with Northwest Independent School District (the District) and have been advised that, as part of the being a volunteer or the application process, the District will conduct a criminal history background check. I do hereby consent to the District's use of my information provided during the process in performing the criminal history check. The District has informed me that I have right to review and challenge any negative information that would adversely impact a decision to be a volunteer or offer employment. In addition, I have been informed that I will have an opportunity to clear up any mistaken 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.

NOTE: Any misrepresentation or omission of the information requested on this form will have an adverse impact upon you current application!

LAST NAME	FIRST NAME	MIDDLE NAME	
PREVIOUS LAST NAMES (MAIDEN, BIRTH) and any other last names you have used or mark with NONE. <i><u>This section must be complete:</u></i>			
Social Security Number Last 4 digits only	Sex	Race	Date of Birth (MM/DD/YYYY)
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	____/____/____
Street Address:		City, State, Zip	
Email Address:		Contact Phone Number:	

To be completed for Community Volunteer ONLY:

Current Employer:

****PLEASE COMPLETE THE INFORMATION REQUESTED BELOW FOR ALL LOCATIONS OF RESIDENCE SINCE LAST 10 YEARS. (If necessary, please provide additional information on the back of this sheet)****

City/Town	County	State	Year From	Year To

Please check all schools that you would like to participate at:

- Elementary: Beck Clara Love Granger Haslet Hatfield Hughes Justin
 Lakeview Nance Peterson Prairie View Roanoke Seven Hills Sendera Ranch
- Secondary: Chisholm Trail Middle Gene Pike Middle Medlin Middle
 Bryon Nelson High Northwest High Denton Creek Special Programs

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information is found to be incorrect, it may be grounds for cancellation of being a volunteer or all offers of employment or grounds for termination of employment at the discretion of the District. I certify that all the information in the criminal history background check is accurate.

Signature

Date