

VOLUNTEER/MENTOR PROGRAM STAFFORD MUNICIPAL SCHOOL DISTRICT 1625 STAFFORDSHIRE RD. STAFFORD, TX 77477

A criminal background check is required of participants in the Stafford Schools' Volunteer or Mentor programs. Please complete the form and turn it in at the school you are volunteering at. The information will remain confidential.

GENERAL INFORMA	TIONPRINT CLEARLY: (N	Note: Date of birth, sex and ethnicity are needed	for criminal history check.)
/ / Date of Birth	Sex: <u>M</u> <u>F</u> (Circle One)		mber (attach copy of license)
Last Name		First Name	Middle Initial
Email Address		Home Phone and C	Cell Phone
Home Address			
Place of Employment	of Employment Work Phone		
Volunteer Affiliation (I	Name of Business or Organ	ization) optional	
Have you ever served	as a volunteer before? Ye	es No If yes, where and for how long	
AUTHORIZATION FO	OR CRIMINAL CHECK:		
I affirm that I have not any such offense.	been convicted of any felor	ny or misdemeanor involving moral turpitude. I	am not currently under indictment for
representative for the	purpose of obtaining my cri	nistory check. By my signature below, I designa minal history record information maintained by I result of this criminal history check may preclud	aw enforcement agencies. I
from any and all liabili	ty, claims, causes of action, nd all liability for the crimina	y discharge the Stafford Municipal School Distric costs and expenses which may be attributed to al history check and any action taken as a result	my participation in the Volunteer
Signature of Voluntee	r	Date	