



CONSENT TO PERFORM BACKGROUND CHECK

Volunteers Please Note: All volunteers who work in direct contact with ECISD students must fill out the consent to perform background check and DPS Computerized Criminal History (CCH) Verification forms. Your personal information will be not be shared with any outside organization.

Last Name _____ **First Name** _____ **Middle Name** _____

Maiden and/or Other Names Used _____

Date of Birth ____/____/____ **Sex** _____ **Race** _____

Applicant must provide at least one of the following:

Driver's License Number _____

State Issued ID Number _____

OR Social Security Number _____

I, _____, am an applicant to volunteer within the Ector County Independent School District and have been advised that as a part of the application process, ECISD shall conduct a background check. I do hereby consent to ECISD's use of any information provided during the application process in performing the background check. ECISD has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer a volunteer assignment. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of ECISD.

The following are my responses to questions about my background (if any) with explanations to any questions with a YES answer:

1. Have you ever been convicted of or charged with a felony or misdemeanor or received probation or deferred adjudication? YES NO
If YES, please provide an explanation: _____

2. Have you ever been convicted of any criminal offense in a county outside the jurisdiction of the United States? YES NO
If YES, please provide an explanation: _____

3. As of the date of this authorization, do you have any pending criminal charges against you?
YES NO
If yes, please provide an explanation: _____

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete that grounds for the canceling of any and all offers of volunteering will exist and may be used at the discretion of ECISD.

Applicant Signature: _____ Date ____/____/____

Mailing Address: _____

Email Address: _____

Phone Number: _____

School(s) where you are wishing to volunteer: _____

Program(s) you are wishing to be involved: (please check all that applies)

- Volunteers
- Parent-Teacher/Booster Club Organization(s)
- Academic observer with college/university _____

Thank you for your interest in volunteering within ECISD. Please submit your completed application to:

Debbie Lieb
ECISD Volunteers & Partners
P.O. Box 3912
Odessa, Texas 79760
(432) 456-9012