Eleanor Kolitz
Hebrew Language Academy
אלינור קוליץ האקדמיה לשפה העברית

VOLUNTEER PROGRAM APPLICATION FORM

Thank you for volunteering!

Please Note: Be sure to complete background check form and return to school office.
This may take up to **5** school days to process.
These forms need to be submitted each school year.

Please Note: This Volunteer application is for only Parents/Guardians and Grandparents listed as emergency contacts in a student's school record.

Name (Please print all information)

Last:	First:	Middle:

Home Address

Street Apt. #	City	State/Zip

Contact Information

Home Phone	**Cell Phone**	**Email Address**

Name and Grade of child(ren) you are related to in the school:

_____

Relationship to child(ren): _____

PERSON(S) TO CONTACT IN CASE OF AN EMERGENCY:

Name/Relation: _____Phone Number _____

Name/Relation: _____Phone Number _____

_____

In consideration of my volunteer work, I agree to conform to the policies and rules of the Eleanor Kolitz Hebrew Language Academy. I have read the volunteer handbook (www.ekhla.org), and agree to uphold these principles in my volunteer work.

VOLUNTEER SIGNATURE _____CAMPUS _____DATE _____

Eleanor Kolitz Hebrew Language Academy (EKHLA) Volunteer Criminal History Background Check

EKHLA seeks to create a safe place for students, free from crime, violence, drugs, and abuse. Pursuant to the Texas Education Code EKHLA conducts screenings for any record of criminal history. The district shall obtain the criminal history record of prospective volunteers who will be working with students, including but not limited to mentors, tutors, field trip sponsors, overnight trip sponsors, any volunteers who will have access to student information, and volunteers who work on a regular basis with students.

All volunteers are required to submit to a criminal history background check before participating as a volunteer at EKHLA. They must provide a driver's license or other form of identification containing the person's photograph issued by an entity of the United States government.

Please allow at least 5 school days for check to be completed. You may check with the teacher you will be assisting or the office to confirm that the background check was completed.

Volunteers shall be denied if they meet the following criteria:

Prior felony conviction under Texas Penal Code Title 5 (crimes against the person), or Conviction requiring registration as a sex offender.

Volunteers may be denied if they meet the following criteria:

Prior felony conviction or deferred adjudication of a felony offense.

Prior conviction or deferred adjudication of a misdemeanor offense within the last 5 years involving moral turpitude (acts that are generally considered morally or ethically wrong), including but not limited to, crimes that involve dishonesty, fraud, deceit, misrepresentation, deliberate violence, or offenses involving drugs or alcohol.

Volunteers may be asked to provide information regarding the offense before a judgment is made. Failure to do so will result in an applicant being denied.

Factors that may be considered when circumstances require discretionary judgment:

Possibility of Incorrect identity

-Applicant may provide evidence to support his/her identity status

-Applicants may choose to be fingerprinted to clear any misidentification

Nature of the offense

-Severity and number of offenses

-Age of applicant at time of offense

-Pattern of conduct established by multiple offenses that may be detrimental to children

Length of time since last arrest

-A clear record of 10 years or more may indicate good conduct

General Guidelines

-Dismissed charges may be disregarded

-A period of probation completed, with no infractions, may be disregarded depending on the severity of offense and consideration of above factors.

-Deferred adjudication or pleas of no contest resulting in a probation term may be treated as a conviction and the decision may be made on the above factors.

EKHLA VOLUNTEER CRIMINAL HISTORY CHECK (Please complete and return to EKHLA Office)

Please print legibly (Name as listed on Driver's License or State ID)

Last	First	Middle

Gender: Male Female **Maiden Name or other name(s) used _____**

Home Address

Street Apt. #	City	State/Zip

**State Issued ID (Please include a copy of your Driver's License or State ID):

State:	Driver's License #:	Expiration:	Date of Birth:

I am an applicant to volunteer at the Eleanor Kolitz Hebrew Language Academy and understand that as a part of the approval process, the district conducts a criminal history background check. I understand that the district may use any information provided during the application process, which includes the completion of this document, in performing the criminal history check.

As of the date of this consent form, do you have any pending charges against you? ____YES ____NO
If yes, please provide details below:
State _____County _____Date of Offense _____

Details of pending charges _____
_____

My signature below certifies that I have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Website and will be based on name and DOB information I supply. Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

If fingerprinting is required I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee to the fingerprinting services company.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT, AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT MY ABILITY TO VOLUNTEER WITH THE DISTRICT CAN BE TERMINATED.

Applicant Printed Name: _____

Applicant's Signature _____DATE_____

For Office Use Only by EKHLA:
Identification Verification Date_____ Identification Confirmed by_____

Submitted by Campus Code or Name_____

****TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT FOR ANY OTHER PURPOSE.**