

**Form must be submitted  
5 working days prior  
to event**

# Dickinson Independent School District

## CRIMINAL HISTORY RECORD INFORMATION

### For School Volunteers

The Dickinson Independent School District is authorized by state law to obtain criminal history record information on persons being considered as volunteers in the schools. The information requested below is necessary to obtain criminal history record information.

*Please Print*

Name \_\_\_\_\_  
Last First Middle

Driver's License Number Date of Birth of volunteer Social Security Number

Email address: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Sex:  Male  Female

Ethnicity:  Black  White  Hispanic  Other

Address City State Zip Code

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining criminal history record information.

Volunteer Signature/Date \_\_\_\_\_

Student Name \_\_\_\_\_

Campus/Department _____	
Teacher Signature _____	Date of Event _____

Have you ever been convicted of a felony or an offense involving moral turpitude (including, but not limited to theft, rape, murder, swindling, and indecency with a minor) and/or received probation or deferred adjudication?  Yes  No

If Yes, please state where, when, and the nature of the offense: \_\_\_\_\_

Policy GKG  
DC

(LEGAL/LOCAL)  
(LEGAL/LOCAL)

**Esta forma se tiene que entregar  
5 días hábiles antes del evento**