

Waller ISD Community Volunteer Packet



Dear Community Member:

We are pleased that you are interested in becoming a Volunteer in Public Schools, also known as the VIPS Program at Waller ISD. Volunteers participating in Waller ISD make a valuable contribution to the education of our students. Research about parental and community involvement is amazingly clear that students who have this support perform better in many school aspects. Every bit of help counts.

Your willingness to step forward and provide assistance to Waller ISD during these rapidly changing times will bring great rewards to our students, our schools, and to yourself. As our students and schools improve, you will gain new skills and meet new people as you participate in different areas and events at Waller ISD.

The process for becoming a volunteer in the VIPS Program at Waller ISD includes:

- presenting a valid ID card to be scanned by our visitor background scan software
- completing the Background Check Authorization form
- completing Volunteer Application
- signing a Volunteer Oath

After you successfully complete this process and are approved, you will receive an email from Virtual Volunteer (V-Soft system) with your login information. A campus representative will notify you of the next steps to volunteer in our schools.

If you have any questions about how to become a volunteer in the VIPS Program, please contact your campus receptionist.

We look forward to working with you.



Adela Cornejo
Family Engagement Specialist
Waller ISD

Volunteer Code of Conduct

(This document defines the District's expectations for all school volunteers)

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. Immediately upon arrival, I will check-in at the main office or the designated sign-in station.
2. I will wear volunteer identification as required by the school.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from the students' parents.
6. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators any concerns that I have related to student welfare and/or safety.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district.
9. I will not disclose, use or disseminate student photographs or personal information about students, staff or others.
10. I agree to follow the District procedures for screening of volunteers.
11. I agree to notify the school principal immediately if I am arrested for any misdemeanor, felony, or sex, drugs or weapons related offense.
12. I agree to only do what is in the best personal and educational interest of every child with whom I come into contact.

Volunteer Oath

I understand the need to maintain confidentiality regarding information that I might have access to regarding students, families, and staff as I volunteer in the schools.

I understand that I am not to discuss individual student progress or behavior with any other person other than school personnel.

I understand that if I violate school confidentiality rules, I will be asked to terminate my volunteer service.

I have been given the Volunteer Code of Conduct, and I agree to follow it at all times or cease volunteering immediately.

Waller ISD is required to conduct a criminal history review and reserves the right to receive and review any records maintained by any law enforcement agency.

I hereby declare to follow the Volunteer Code of Conduct and strictly adhere to the Volunteer Oath that I have taken. I also declare that all statements in the Volunteers In Public Schools (VIPS) application are true and accurate.

Print Name

Email address

Signature

Date

Please return to a campus near you or to Adela Cornejo, Waller ISD Family Engagement Specialist, at 2214 Waller Street, Waller, TX 77484.

Waller ISD Volunteers In Public Schools (VIPS) Application
(Please Print)

Name: _____
First Middle Initial Last

Home Address: _____
Street City Zip

Home Phone #: _____ Cell Phone #: _____

Email Address: _____ @ _____

Employment: _____
Company Name Phone Number

Name and phone number of a person to contact in case of emergency:

Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____

Please write a brief statement on why you wish to be a district-wide volunteer in the Waller ISD VIPS Program:

List special interests or skills you may have, prior teaching or tutoring experience, or languages you speak:

I would like to volunteer in (Circle all that apply):

Elementary K 1 2 3 4 5 Junior High 6 7 8 High 9 10 11 12

Campus Preference (check all that apply): Fields Store Elementary H.T. Jones Elementary
 Roberts Road Elementary I.T. Holleman Elementary E. Turlington Elementary
 W.C. Schultz Junior High Waller Junior High Waller High School

I hereby declare that all statements in this Waller ISD Volunteer In Public Schools (VIPS) application are true and accurate.

Signature

Date

Please return to a campus near you or to Adela Cornejo, Waller ISD Family Engagement Specialist, at 2214 Waller Street, Waller, TX 77484.



Waller Independent School District

www.wallerisd.net

Human Resource Office: 2214 Waller Street, Waller, Texas 77484 Phone: 936-931-0308 Fax: 936-372-9151 e-mail: mbrooks@wallerisd.net

Background Check Authorization Form

(Form will be forwarded to HR for processing)

Please check the appropriate position(s):

- Volunteer
- Volunteer Mentor
- Student Teacher
- Classroom Observer
- New Hire – fingerprint process necessary
- Substitute – fingerprint process necessary

Please check the appropriate campus/department:

- | | |
|---|--|
| <input type="checkbox"/> Fields Store Elem. | <input type="checkbox"/> Schultz Junior High |
| <input type="checkbox"/> Holleman Elem. | <input type="checkbox"/> Waller Junior High |
| <input type="checkbox"/> Jones Elem. | <input type="checkbox"/> Waller High School |
| <input type="checkbox"/> Roberts Road Elem. | <input type="checkbox"/> School Nutrition |
| <input type="checkbox"/> Turlington Elem. | <input type="checkbox"/> Maintenance/Custodial |
| | <input type="checkbox"/> Transportation |

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS BACKGROUND CHECK AUTHORIZATION FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

APPLICANT'S SIGNATURE: _____ Date: _____

Last Name First Name Middle Name or Initial

Maiden or other name(s) used in any and all other records of birth or records of residence.

Applicant Email Address: _____

Address Apartment or # () - Phone#

City County State Zip

** Date of Birth **Social Security Number** Gender **Race

**CONFIDENTIAL - INFORMATION TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY

The following are my responses to questions about my criminal history (if any).

1. YES NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).
If yes, please provide details below.

State: _____ County: _____ Date of Offense: / /

Details of conviction: _____

2. YES NO Have you ever-received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of offense: _____

3. YES NO Have you ever-received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision: _____

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction: _____

5. YES NO As of the date of this consent form, do you have any pending charges against you?
If yes, please provide details below.

State: _____ County: _____ Date of Arrest _____

Details of pending charges: _____

LIST ALL COUNTIES AND STATES OF RESIDENCE (since 10 years ago):

CITY/TOWN	COUNTY	STATE

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I hereby affirm that all information provided in this form is true and accurate to the best of my knowledge, and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment. I do hereby consent to Employer's use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. 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 Employer. I acknowledge that facsimile, copy or email shall be as valid as the original.