TERRELL COUNTY INDEPENDENT SCHOOL DISTRICT VOLUNTEER PROGRAM
PERMISSION TO OBTAIN CRIMINAL HISTORY RECORD
&
HOLD HARMLESS AGREEMENT

Campuses where you will volunteer, including this one: _____

First Name | **Middle Name or Initial**

Last Name | **Date of Birth (MMDDYYY)**

Other Names Known By | **M F**

Social Security Number | **Primary Telephone Number**

Current Address | **Apt #** | **# Yrs at this location**

City | **State** | **Zip Code**

Previous Address | **Apt #** | **# Yrs at this location**

City | **State** | **Zip Code**

Driver's License Number (No Dashes) | **License State**

Email address

I acknowledge and agree that I will be providing services to Terrell County Independent School District (TCISD) on a volunteer basis and without compensation. I agree to comply with all TCISD policies, procedures and regulations. I authorize TCISD to obtain criminal history information about me from any reporting agency, including law enforcement, and agree to hold harmless TCISD and its employees, in connection with obtaining and relying on any criminal history information obtained by TCISD in connection with the volunteer program. I understand that any criminal history information obtained will be confidential and used strictly for determining eligibility for the TCISD volunteer program.
THIS AGREEMENT IS VALID FOR ONE SCHOOL YEAR ONLY.

Signature | **Today's Date**