



Join the Alief ISD Volunteer Family

Preparing Students for Tomorrow—Caring for Them Today

Return this completed form to your child's school or send to:

Alief ISD, VIPS, PO Box 68, Alief, TX 77411

(Physical address: 4250 Cook Road, Houston, TX 77072)

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Tutor | <input type="checkbox"/> Reader | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Booster Club |
| <input type="checkbox"/> Clothing Pantry | <input type="checkbox"/> Classroom | <input type="checkbox"/> Library | <input type="checkbox"/> Clinic |
| <input type="checkbox"/> Mentor (requires training) | <input type="checkbox"/> Clerical | <input type="checkbox"/> Field Trips | <input type="checkbox"/> PTO |
| <input type="checkbox"/> Translator | <input type="checkbox"/> Breakfast/lunch/recess duty | <input type="checkbox"/> Parent Center | <input type="checkbox"/> Other _____ |

Mr. Mrs. Ms. Volunteer's Name _____ Date _____

Street Address _____ Apt. No. _____

City _____ Zip Code _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ E-mail _____

Time Available: From _____ To _____ Days _____

School(s) of Interest _____ Grade(s) of Interest _____

Languages Spoken _____

In case of emergency while volunteering contact _____ Phone (_____) _____

Volunteer Category (please check): Parent Student Retiree Grandparent Other _____
 Business Partner _____
(Name of Business)

If you have children in this school/district:
Name _____ School _____ Grade _____ Teacher _____

Name _____ School _____ Grade _____ Teacher _____

Please note that once you have been cleared to volunteer, the top portion of this form will be made available to members of the Alief ISD Volunteers in Public Schools (VIPS) program. Your information will not be shared with any other agency.

VOLUNTEERS IN PUBLIC SCHOOLS

Each blank must be completed in order for your form to be processed.

If you do not have a driver's license, etc., please write "do not have" in the space provided.

I, _____, hereby give the Alief Independent School District (hereinafter referred to as the School District) explicit permission to conduct a criminal background check on me and to obtain any and all records resulting from such inquiry. I understand that the criminal record check will be done on an annual basis and will be limited to that information which is needed pursuant to my request to become or continue to be a volunteer and/or support personnel with the School District.
(Print Full Name)

I also waive any cause of action against the School District and any of its employees or agents which may arise by or through the conducting of a criminal background check and/or the obtaining of these records.

Name (Print) _____ Maiden Name _____ Date _____

Social Security Number _____ Date of Birth _____ Gender: M ___ F ___

Driver's License: **State** _____ **Number** _____

School(s) Chosen _____ Home Phone (_____) _____

Signature _____

Office Use Only

REVISED 06/08

Processed Date _____ Initials _____

Special Information _____