

## **School Volunteers Needed!**

We at Odyssey Academy believe in advancement through parent involvement. School volunteers enrich the learning process by providing individual help and encouragement that many students need. Our volunteers are people that care about children and are dedicated to their success. Does this sound like you? If so, please fill out this form and return it to Odyssey Academy's receptionist and our Volunteer Coordinator will contact you soon.

Parent Name:		Student Name:	
Phone Number:		Cell Number:	
6	we'll need help in all of the rould be interested in helpi	e following areas, please check each type of ng.	
$\Box$ Classroom	□ Field Trips	□ Awards/Recognition Committee	
$\Box$ Clerical	□ Lunchroom	Parent Teacher Organization	
□ Library			

## My Available Times to Volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday		
I,, consent to Odyssey Academy performing an investigative background check in compliance with the Fair Credit Reporting Act.						
Date of Birth:	Ge	ender:	Race:			
SSN: Driver's License State and Number:						
Maiden/other name(s) used in any/all other records:						
Please list any counties you have previously lived in:						
Signature:			Date:			

THE ROBERT A. MOSBACHER, SR. ODYSSEY ACADEMY

## DPS Computerized Criminal History (CCH) Verification (Agency Copy)

clear any misidentification based on the result of the name and DOB search.

	have been notified that a Computerized Criminal History
APPLICANT or EMPLOYEE NAME (Please print) (CCH) verification check will be performed by Website and will be based on <u>name and DOB</u> i	accessing the Texas Department of Public Safety Secure dentifiers I supply.
Because the name-based information is	s not an exact search and only fingerprint record searches
represent true identification to criminal histor	y, the organization conducting the criminal history check for
background screening is not allowed to discuss	$\underline{any}$ criminal history record information obtained using the
name and DOB method. Therefore, the agency	may request that I have a fingerprint search performed to

For the fingerprinting process 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 make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

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.

## (This copy must remain on file by your agency. Required for future DPS Audits)

F

Signature of Applicant or Employee	Please: Check and Initial each Applicable Space
Date	CCH Report Printed:
Agency Name (Please print)	YES NO initial Purpose of CCH:
Agency Representative Name (Please print)	Hire Not Hired initial     Date Printed: initial
Signature of Agency Representative	Destroyed Date: initial
Date	Retain in your files

Rev. 02/2011

1