



SCHOOL YEAR

SCHOOL

APPLICATION

El Paso Leadership Academy Volunteers

This application must be completed by **all individuals** volunteering.

This application is for volunteers only.

Place ID Here

Name: _____
(Last) (First) (Nickname)

Address: _____ Zip _____ Phone _____

Date of Birth: _____ Attach copy of an official photo I.D. (driver’s license, Texas ID) that shows date of birth.

Are you an employee of EPLA? _____No _____Yes/Where / _____ Assignment _____ Active

Military? _____No _____Yes E-mail _____

Job preference for proposed Volunteer placement (please number your preference):

_____Classroom assistant	_____Grade level preferred	_____Playground	_____Other
_____Library	_____Clerical Work	_____Special Skills	(please specify)
_____Tutor	_____Cafeteria		Subject(s)
_____Chaperone for Field Trips			

I understand that by applying to participate in the EPLA Volunteer Program I will not be entitled to and I do hereby waive any and all rights to any compensation whatsoever for my service. I am not being pressured or coerced by anyone to perform voluntary services for EPLA. I also understand that my volunteer service is at the discretion and direction of the principal/supervisor with whom I am working.

Background Check Release: Section 22.083 of the Texas Education Code requires all volunteers to sign the following statement of consent and submit a copy of official photo I.D. that shows date of birth. (Driver’s License or Texas I.D.) or other form of identification containing a person’s photograph issued by an entity of the U.S. Government.

I do hereby authorize the EPLA to obtain any criminal history information that relates to me. I understand that the information requested will not become part of my file if I am approved to be a volunteer by the District. I agree that the information obtained will not be disclosed to me but will be treated as confidential by the District, and I waive any right to see any information obtained.

Department Supervisor Signature Date

Volunteer’s Signature Date

El Paso Leadership Academy is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, national origin, gender (including pregnancy, childbirth and related medical conditions), age, veteran status or disability in its employment practices or in providing education services, activities and programs, including vocational programs.

EL PASO LEADERSHIP ACADEMY
CONSENT TO PERFORM INVESTIGATIVE CONSUMER REPORT
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence.

* Address	Apartment or #
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City	County	State	Zip
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** Date of Birth	Social Security Number	**Gender	**Race
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***AS SHOWN ON THE ORIGINAL APPLICATION**

****TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.**

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 El Paso Leadership Academy, 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 do hereby consent to El Paso Leadership Academy's use of any information provided on this form or during the application process in performing the investigative consumer report. El Paso Leadership Academy 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 El Paso Leadership Academy and any reporting agency El Paso Leadership Academy 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 El Paso Leadership Academy. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

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: / /
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Details of conviction:

2. ____YES ____NO Have you ever-received deferred adjudication municipal offense?

If yes, please provide details below.

State:	County:	Date of Offense:
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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:

Details of conviction:

Offense: City: Date of

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:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN

COUNTY

STATE

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT 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 EMPLOYEER.

Signed this _____ day of _____, 20____.

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____