



Volunteers in Public Schools (VIPS)

Return this completed form to your child's school or send to:
Spring ISD, Attn: VIPS, 16717 Ella Blvd., Houston, TX 77090

- | | |
|---|---|
| <input type="checkbox"/> Before/After School Functions | <input type="checkbox"/> Junior Achievement |
| <input type="checkbox"/> Beginning of Year Registration | <input type="checkbox"/> Mentor/Tutor |
| <input type="checkbox"/> Bus Buddies | <input type="checkbox"/> Off-Site Volunteer/Field Trips |
| <input type="checkbox"/> Chaperones | <input type="checkbox"/> Playground Supervision |
| <input type="checkbox"/> Classroom/Library Aides | <input type="checkbox"/> PTO |
| <input type="checkbox"/> Clerical/Copy Room | <input type="checkbox"/> Reading Program |
| <input type="checkbox"/> Career/Guest Speaker | <input type="checkbox"/> School Beautification |
| <input type="checkbox"/> Hallway/Cafeteria Monitors | <input type="checkbox"/> Special Events/Projects |
| <input type="checkbox"/> Health Programs/Clinic | |

Date _____

Mr. Mrs. Ms. Volunteer's Name _____

Street Address _____ Apt. No. _____

City _____ Zip Code _____

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

Cell Phone (____) _____ E-mail _____

Time Available: From _____ to _____ Days _____

School(s) of Interest _____ Grades 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 _____

Name _____ School _____ Grade _____

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

LIST ALL PREVIOUS ADDRESSES WHERE YOU HAVE LIVED:

CITY/TOWN	COUNTY	STATE	FROM	TO

I am an applicant for employment with the Spring Independent School District. I have been advised that as a part of the application process, the District will conduct a criminal history background check.

I do hereby consent to the District use of any information provided during the application process in performing the criminal history background check.

I have been informed by the District that I have the right to review and challenge any negative information that would adversely impact the District’s decision to offer employment. I have also been advised that the District will allow me a reasonable opportunity to rectify any mistaken information reported. However, I do understand that time is of the essence and reasonableness of time is within the sole discretion of the District.

The District has informed me that under the Fair Credit Reporting Act, I have certain rights concerning my review of the information reported. 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.

Date: _____

Campus: _____

Applicant Signature

Applicant Printed Name