Ganado Independent School District
Community/Parent Volunteer Application

____Ganado Elementary _____Ganado Jr. High _____Ganado High School

Name: _____

(Last) (First) (Middle)

Email Address: _____

Address: _____

_____

Telephone #: _____ Driver's License #_____

Emergency Contact: _____

(Name) (Phone#)

Volunteer Agreement:

As a community/parent volunteer, I understand I am offering my services to the Ganado Independent School District without compensation. I hereby release the Ganado ISD of liability and indemnify the District against any loss or damages ensuing while I am on school premises or on school business. I agree to abide by the program guidelines. I understand that I must submit a valid Texas ID card and that a criminal history background check will be conducted by the District and the information obtained through such a check will be considered confidential and used strictly in determining eligibility for the community/parent volunteer program. I further understand that if the results of the criminal history background check are acceptable to the District, I will be eligible to serve as a volunteer for one year from date of authorization; if the results of the criminal background check are unacceptable to the District, I will not be eligible to serve as a volunteer.

_____ _____

Community/Parent Volunteer Signature Date

_____ _____

Campus Principal Signature Date

_____ Approved _____ Not Approved