



1603 Paisley Street  
 Denton, TX 26209  
 Phone: 940.382.6485  
 Fax: 940.381.2418  
 Email: dccds@verizon.net

## Volunteer Application

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the American's with Disabilities Act, applicants may request accommodations needed to participate in the application process.

We are a state licensed facility. You must be 18 years of age volunteer. Volunteers will NOT be counted in the child/caregiver ratios as outlined by TX Child Care Licensing.

Please complete all questions. Please print.

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address City State Zip Code

Phone Number (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Area code

Are you a citizen of the U.S.?  Yes  No

Are you 18 years of age or older?

Have you ever been convicted of a felony?  Yes  No If yes, explain: \_\_\_\_\_

### EDUCATIONAL BACKGROUND

	Name and location of School	Last Year Completed	Did you Graduate?	Subjects studies/ Degree(s) Received
<b>High School or GED</b>			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
<b>College</b>			<input type="checkbox"/> Yes	
		1 2 3 4	<input type="checkbox"/> No	
<b>College</b>			<input type="checkbox"/> Yes	
		1 2 3 4	<input type="checkbox"/> No	
<b>Trade/Business/ Correspondence School</b>			<input type="checkbox"/> Yes	
		1 2 3 4	<input type="checkbox"/> No	

Special Skills, Activities, or Clubs: \_\_\_\_\_



Denton City County Day School  
- est. 1952 -

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List previous volunteer or work experience

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

<input type="checkbox"/> Initial		<input type="checkbox"/> 24 Month Check		<input type="checkbox"/> Fingerprint Check Required		<input type="checkbox"/> FBI Results in DPS Clearinghouse	
Social Security Number _____				ID Type - Drivers License or ID Number -State _____			
First Name _____		Middle Name _____		Last Name _____			
Street Address _____		City _____		State _____		Zip _____	
County _____		Telephone No. (A/C) _____		Date of Birth _____		Gender <input type="checkbox"/> M <input type="checkbox"/> F	
You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years: _____							
Relationship of person to requestor							
<input type="checkbox"/> Adoptive Parent		<input type="checkbox"/> Caregiver		<input type="checkbox"/> Director		<input type="checkbox"/> Foster parent	
<input type="checkbox"/> Other Staff		<input type="checkbox"/> Staff		<input type="checkbox"/> Volunteer		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Household Member		<input type="checkbox"/> Licensed Administrator					
Date Hired /Used by the Operation/Agency _____		Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race			
				<input type="checkbox"/> White		<input type="checkbox"/> Asian	
				<input type="checkbox"/> Black		<input type="checkbox"/> American Indian/Alaskan Native	
				<input type="checkbox"/> Unable to Determine		<input type="checkbox"/> Native Hawaiian/ Pacific Islander	
Other names used (married, maiden, etc.) First Name _____		Middle Name _____		Last Name _____			

As a volunteer, I agree to abide by the rules and policies of Denton City County Day School and state laws. I agree to abide by all provisions, including the requirement that I maintain strict confidentiality with information to which I have access while performing my duties. I also understand that all personally identifiable information regarding students is confidential and that I may not disclose or discuss any such information except to or with the teacher. "I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected. I hereby authorize Denton City County Day School to undertake a background check with any County, State or Federal agency or bureau. My signature on this form is deemed to constitute consent and notification that a background check or search WILL be conducted as authorized above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*Please provide copy of: Driver License or Texas Identification card, and photo copy of Social Security Card.\*\*\*