

MIDLAND INDEPENDENT SCHOOL DISTRICT VOLUNTEER PROGRAM
PERMISSION TO OBTAIN CRIMINAL HISTORY RECORD
AND HOLD HARMLESS AGREEMENT

Campuses where you will volunteer, including this one: _____

First Name

Middle Name or Initial

Last Name

Date of Birth (MMDDYY)

Other Names Known By

M F

Social Security Number

Primary Telephone Number

Current Address

Apt #

Yrs at this location

City

State

Zip Code

Previous Address

Apt #

Yrs at this location

City

State

Zip Code

Driver's License Number (No Dashes)

License State

Email address

I acknowledge and agree that I will be providing services to the Midland Independent School District (MISD) on a volunteer basis and without compensation. I agree to comply with all MISD policies, procedures and regulations. I authorize MISD to obtain criminal history information about me from any reporting agency, including law enforcement, and agree to hold harmless MISD, its officers, agents and employees, in connection with obtaining and relying on any criminal history information obtained by MISD in connection with the volunteer program. I understand that any criminal history information obtained will be confidential and used strictly for determining eligibility for the MISD volunteer program.

THIS AGREEMENT IS VALID FOR ONE SCHOOL YEAR ONLY.

Signature

Today's Date