



**ODEM-EDROY INDEPENDENT SCHOOL DISTRICT**  
 1 OWL SQUARE, ODEM, TX 78370, (361) 368-8121, Ext. 223  
Volunteer/Mentor/Partner Background Check Application and Agreement Form

**I am applying to participate in the following program(s):**

Parent Volunteer Please describe volunteer duties: \_\_\_\_\_

Mentor Other. Please describe duties: \_\_\_\_\_

Campus/Campuses you are applying to volunteer: \_\_\_\_\_

Last Name, First Name, Middle Initial: \_\_\_\_\_

Maiden Name or Other Names Used: \_\_\_\_\_

Date of Birth: (MMDDYY) \_\_\_\_\_ Drivers License No. \_\_\_\_\_ State: \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Other ID type and No. \_\_\_\_\_

Home Address: (Mailing) \_\_\_\_\_ (Physical) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_ Evening Phone No. \_\_\_\_\_

If you have ever pled guilty or nolo contendere (no contest) to or been convicted of any criminal offense (misdemeanor or felony) other than parking tickets, please provide information of criminal offense, including dates, location (city and state), and disposition. If you would like to provide a brief explanation, please attach information on a separate sheet. \_\_\_\_\_

**EQUAL OPPORTUNITY**

I agree not to discriminate against any individual on the basis of race, ethnicity, religion, age, sex, or disability.

**CONFIDENTIAL STUDENT RECORDS AND INFORMATION**

Because I may, from time to time, have access to confidential information and documents contained in, or which constitute, education records of students enrolled in the Odem-Edroy Independent School District, **I will not**, without written Odem-Edroy ISD and parent consent, release or disclose to the public or any third party information or records regarding any District student that is confidential in nature. I acknowledge that such information and records are considered confidential, and I will not use such information or records for private purposes. I acknowledge that the unauthorized disclosure of confidential student information or education records may subject me to criminal or civil penalties. Accordingly, I will keep all such information and records confidential, and agree not to improperly disclose or release the same to any individual or entity. I further agree that any confidential information or records I obtain regarding any District student will be returned to the District or destroyed by me, as appropriate, after the need for such information ceases to exist. I agree that such confidential student information and records shall only be used for education purposes.

**INDEMNIFICATION**

To the extent permitted by law I agree to indemnify, defend, and hold harmless the District and its administrators, Board members, staff, agents, and employees against any and all claims for damages, personal injury, or death proximately caused by my acts or omission in the performance of my services to the District on District property.

I understand communication between students and me may be monitored at any time by appropriate district staff members. **I also understand a confidential criminal background check will be processed on volunteers / mentors / partners working directly with students.**

I, \_\_\_\_\_ (print your name), agree to comply with the above conditions in the provision of services to the Odem-Edroy Independent School District.

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

**SCHOOL CAMPUS OFFICE USE ONLY:**

Received Application: \_\_\_\_\_ Approved Rejected

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principals, please submit this form with your signature and a copy of a acceptable valid ID to the Superintendent's Office - Human Resources.

**ADMINISTRATION OFFICES USE ONLY:**

Background Check: Clear See File  
 Initial \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Received Application: \_\_\_\_\_ Approved Rejected

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_