

# CROSBY INDEPENDENT SCHOOL DISTRICT

## School Volunteer

The Crosby Independent School District is authorized by state law to obtain criminal history record information on a person who has indicated, in writing, an indication to serve as a volunteer with the school. The information below is necessary to obtain such criminal history record information.

Please Print

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DL State: \_\_\_\_\_ DL#: \_\_\_\_\_ Phone #: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Email: \_\_\_\_\_

Ethnicity: Black \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ Other (Please specify) \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City Zip Code

Previous Address: \_\_\_\_\_  
Street City Zip Code

Signature \_\_\_\_\_  
Today's Date \_\_\_\_\_

Campus: \_\_\_\_\_