



School Volunteers Needed!

We at Odyssey Academy believe in advancement through parent involvement. School volunteers enrich the learning process by providing individual help and encouragement that many students need. Our volunteers are people that care about children and are dedicated to their success. Does this sound like you? If so, please fill out this form and return it to Odyssey Academy’s receptionist and our Volunteer Coordinator will contact you soon.

Parent Name: _____ Student Name: _____

Phone Number: _____ Cell Number: _____

While we can’t guarantee we’ll need help in all of the following areas, please check each type of volunteer work that you would be interested in helping.

- Classroom
- Field Trips
- Awards/Recognition Committee
- Clerical
- Lunchroom
- Parent Teacher Organization
- Library

My Available Times to Volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday

I, _____, consent to Odyssey Academy performing an investigative background check in compliance with the Fair Credit Reporting Act.

Date of Birth: _____ Gender: _____ Race: _____

SSN: _____ Driver’s License State and Number: _____

Maiden/other name(s) used in any/all other records: _____

Please list any counties you have previously lived in:

Signature: _____ Date: _____

THE ROBERT A. MOSBACHER, SR. ODYSSEY ACADEMY

DPS Computerized Criminal History (CCH) Verification (Agency Copy)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

**Please:
Check and Initial each Applicable Space**

CCH Report Printed:

YES _____ NO _____ _____ initial

Purpose of CCH: _____

Hire _____ Not Hired _____ _____ initial

Date Printed: _____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files