



2017 - 2018

Dear Student and Family,

The Belton Theatre Department would like to invite you to join us on an amazing journey. We have decided to start a parent volunteer group this year in hopes to eventually turn it into an official Booster Club.

As our program continues to grow we may need help with the following, but not limited to:

- Providing snacks for the company during full dress rehearsals (Fall Show, Musical, One Act, etc.)
- Opening night gifts for cast and crew
- Selling Good Show wishes in the lobby at each performance
- Box office ticket sales
- Fundraisers
- Acquiring special props and set pieces

Our kids put in so much time and effort into this program and our productions. Mr. Jones and I really want it to be an enjoyable experience for all of them. If you are interested in volunteering or chaperoning please read the information below carefully. This is district policy and must be completed before you can assist the department.

DISTRICT POLICY REGARDING PARENT VOLUNTEERS

Any/All parent volunteers/chaperones must complete background check forms and be cleared by HR before they volunteer and work with our students. These forms must be completed each school year.

____ Yes, I have already completed the volunteer/background check forms with another organization this year.

____ I have attached the completed volunteer/background check forms.

Please provide an email to be added to the parent volunteer mailing list:

Name: _____

Name: _____

Student(s) Name: _____

Email: _____

We look forward to working with you and making this a great experience for everyone involved. If you have any questions or issues, please feel free to contact myself at melissa.edwards@bisd.net or Ms. Stuhff at melissa.stuhff@bisd.net. Here's to a great year!

Mel Edwards
Technical Director



VOLUNTEER INFORMATION FORM

Please complete the following information.

1. Name _____ Date _____

2. Home Address _____

3. Home Phone _____ Work Phone _____

4. Please identify the days of the week and the number of hours you can volunteer _____

Monday Tuesday Wednesday Thursday Friday

5. Please circle the campus in which you would like to volunteer:

Belton Early Childhood School

Sparta Elementary

Chisholm Trail Elementary

Tarver Elementary

High Point Elementary

Belton High School

Lakewood Elementary

BNTHS @ Waskow

Leon Heights Elementary

Lake Belton Middle School

Miller Heights Elementary

North Belton Middle School

Pirtle Elementary

South Belton Middle School

Southwest Elementary

DAEP

I understand that the District will conduct a criminal history record check, and I have completed and signed the form to provide the information needed to conduct such a check.

Signature _____ Date _____

Belton I.S.D. does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs, activities or employment practices. For inquiries regarding the non-discrimination policies, contact: Executive Director of Human Resources, (254) 215-2015, Director of Elementary Curriculum & Instruction, (254) 215-2037, 400 North Wall, Belton, Texas 76513.



Belton Independent School District
Department of Human Resources
P O Box 269*Belton, TX 76513*254-215-2015* Fax 254-215-2016
Todd Schiller
Executive Director of Human Resources

APPLICANT INSTRUCTIONS FOR CRIMINAL HISTORY FORM

- This is a two page document. Please print, sign and return both pages.
- Page 2 of this document makes reference to a fingerprint. This fingerprint is not required at this time.
- Please DO NOT upload these forms to your application(s)
- You may return the signed forms by one of the following methods.

Mail: Belton I.S.D.
Attn: Human Resources/Jo Ann Avila
P. O. Box 269
Belton, TX 76513

Fax: (254) 215-2016

Hand delivery: Belton ISD – Attention Jo Ann Avila
400 North Wall Street
Belton, TX 76513

Email: joann.avila@bisd.net

Note: If you are requesting to volunteer at a campus, please contact the appropriate campus for the volunteer/criminal history form and instructions.

**BELTON INDEPENDENT SCHOOL DISTRICT
CRIMINAL HISTORY RECORD INFORMATION ADDENDUM**

Confidential*

The Belton Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

PLEASE PRINT.

Full Name _____
Last First Middle Maiden/Other

Social Security Number _____ Date of Birth: ____/____/____
Month Date Year

Driver's License _____
State and Number

Mailing Address _____
Street City State Zip

Sex: Male Ethnicity: Black
 Female White/Other

Position applied for: _____

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used solely for the purpose of obtaining criminal history record information.

Signature: _____

Date: _____

* This form will be removed from the application and filed separately in the Human Resources Office.

Approval _____ YES _____ NO _____
Signature _____ Date _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(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:	_____
Empl ___ Vol/Contractor ___	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your files	