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 (MMDDYYY) |
| | |
| Other Names Known By | |
| State: Names known by | M F |
| Social Security Number | Primary Telephone Number |
| Security Hamber | Timary receptione 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 poli | cies, 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. | |
| THE RELEASE TO VALID FOR ONE SCHOOL FEAR ONE! | |
| | |
| Signature | Today's Date |