

Jarrell ISD Volunteer / Mentor Application

For the security of our students and staff, Jarrell Independent School District requires any person wishing to volunteer, to agree to a Name Based Criminal History Check. This is in addition to the Verkada Guest System, which compares all visitor names against sexual offender databases and is currently implemented at all JISD campuses. To process this application, provide a copy of your driver's license.

PLEASE PRINT				
Full Name Last	First	t	Middle	Maiden/Other
Last 4 Digits of S	ocial Security #	Date	of Birth:/ Month [/ Date Year
Driver's License:	State and Number	Phone	Number:	
-	Street	City	State	Zip
Sex: Male	Female			
Campus: JES		S JHS Ot	her	
Reading Buddie	entor Library Edu. es Athletics Dental Other	/Nurse Program	Book Fair	Royal Mentor eld Trip
	he information I am providir It will be used solely for the	•		• •
Signature:			_ Date:	

Office Use:

Approval: Yes or No Date: _____ Approved By: _____