



- Volunteer
- Mentor
- Tutor
- Other \_\_\_\_\_  
(i.e., Student Teacher, Partner)

School(s) Assignment: \_\_\_\_\_

College/Business/Org: \_\_\_\_\_

Contact Person Sending Application: \_\_\_\_\_

Contact Person's Phone Number: \_\_\_\_\_

**SAN ANTONIO INDEPENDENT SCHOOL DISTRICT**

**WAIVER OF LIABILITY AND RELEASE,  
AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORDS INFORMATION  
PLEDGE OF CONFIDENTIALITY**

**AND**

**ACKNOWLEDGEMENT OF CODE OF ETHICS/STANDARDS OF CONDUCT**

ALL APPLICATIONS MUST BE RENEWED ANNUALLY

***PLEASE PRINT IN ALL SPACES***

PRINT FULL NAME AS IT APPEARS ON I.D.:		E-MAIL ADDRESS:	
STREET ADDRESS:		CITY, STATE, ZIP CODE:	DAYTIME PHONE:
DATE OF BIRTH( MM/DD/YYYY):	PLACE OF BIRTH (CITY):		Circle One:  Male      Female

In accordance with District policy DC (LEGAL); DC (LOCAL); and GKG (LOCAL) a school district must obtain criminal history record information that relates to volunteering — including but not limited to parent volunteers, chaperones, mentors, tutors, college students or any other person wanting to gain access, work or help in the school (e.g. Student Teachers/Teacher Interns), or who intends to do business with the School or District where students and/or minors are present. These individuals must agree to release and indemnify the District against any and all liability for any loss or damage arising of out the conduct of the individual while on school premises or while performing school business. The criminal history information obtained by the school district will be used for the purpose of determining your eligibility to gain access and for no other reason. Your application with the district shall not be considered complete unless the school district has been given your permission to obtain such criminal history records, you have agreed to release and indemnify the District, **and you have provided a copy of your driver's license or other form of valid photo identification.**

*I, the undersigned, hereby agree that in consideration of my being permitted by the San Antonio Independent School District to participate as an individual in District programs and/or activities and to receive any benefits there from I agree to protect, indemnify, hold harmless and defend SAISD, and its current and former board of trustees, superintendent, agents, employees, and attorneys, all and each of them from all claims, demands, losses, damages, causes of action, suits and liability of every kind and character, including all expenses of litigation, court costs and attorneys fees, without limit and without regard to the cause or causes thereof, arising from or related to any claim for injury to or death of any person, or for damages to any property which may be asserted by any person or entity against SAISD, where such injuries, death or damages are caused by my participation. I also agree that this provision is clear and conspicuous.*

*Further, as a individual participant in District programs for the San Antonio Independent School District, I do hereby authorize the San Antonio Independent School District complete access to any and all criminal history record information pertaining to me on file with any agency and do hereby unequivocally grant permission to your agency to release all of said criminal history information to the San Antonio Independent School District by copies of the actual documents involved, or by notating the original charge and disposition of any charge and thereafter tendering same to the San Antonio Independent School District for its record. A photostat of this authorization shall be valid as the original.*

*I also agree that as a individual participant in District programs for the San Antonio Independent School District I will observe, maintain, and protect the confidentiality of any information regarding students and their families and will treat proprietary or privileged information involving staff members, parents, or other people as strictly confidential as provided by the Family Education Rights and Privacy Act and any and all federal and state laws and board policies.*

*I acknowledge that I have read, understand accept and agree to the SAISD Code of Ethics and Standards of Conduct.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE: