CROSBY INDEPENDENT SCHOOL DISTRICT
School Volunteer

The Crosby Independent School District is authorized by state law to obtain criminal history record information on a person who has indicated, in writing, an indication to serve as a volunteer with the school. The information below is necessary to obtain such criminal history record information.

Please Print

Name:_____
Last First Middle Name

Social Security Number:_____ Date of Birth:_____

DL State: _____ DL#:_____ Phone #:_____

Sex: _____Male _____Female Email: _____

Ethnicity: Black White Hispanic Other (Please specify)_____

Current Address: _____
Street City Zip Code

Previous Address: _____
Street City Zip Code

_____ _____
Signature Today's Date

Campus:_____