



8565 Ewing Halsell Drive
San Antonio, TX 78229
Office: 210-615-6544
Fax: 210-615-6627

www.winston-sa.org

Advocating for minds that learn differently®

Criminal Background Check

Name: _____
First Middle Last Maiden

Nickname/AKA: _____

Address: _____
Street City Zip Code

Day Time Phone: (____) _____ Alternate Phone: (____) _____

E-mail: _____

Social Security Number: _____ - _____ - _____ No. of years at the above address: _____

Date of Birth: _____ Driver's License No: _____ State _____
Month Day Year

Relationship to the WSSA Student: _____ Student Name: _____

Have you ever been convicted or do you have any charges pending for felonies, misdemeanors and/or ordinance violations other than minor traffic violations: NO YES, explain and include date, location, nature and circumstances of offense: _____

I hereby authorize The Winston School San Antonio to conduct a full and complete criminal background check. I understand that any misrepresentation on this statement may result in immediate disqualification for any volunteer service within The Winston School San Antonio. I hereby release The Winston School San Antonio, its Board of Trustees and its agents, as well as all providers of information, from any liability related to furnishing and receiving information related to arrests and convictions.

Signature: _____ Date: _____

Motor Vehicle Record Driving Agreement

I authorize The Winston School San Antonio (WSSA) to conduct a MVR (Motor Vehicle Record) search regarding my driver's license record history. All employees and volunteers that operate any vehicle on school business (including driving children other than their own on field trips) are required to complete this authorization. I agree to **submit a copy of my current auto insurance card.**

Signature: _____ Date: _____

Volunteer Application Form

I have read and agree to the Volunteer Guidelines of the WSSA as specified in the Family Handbook.

Signature: _____ Date: _____