

**FORT WORTH INDEPENDENT SCHOOL DISTRICT
OFFICE OF PROFESSIONAL STANDARDS
100 N. UNIVERSITY DRIVE
ROOM NE 111
FORT WORTH, TEXAS 76107**

Date Received _____ _____
Initials _____

To: Office of Professional Standards
Direct all inquiries to Charles E. McCarty

Clear

Fax: 817-871-2839

Phone: 817-871-2439

***Please Print Clearly**

**Not Clear
Call OPS**

From: _____

Organization: _____

Phone: _____ **Fax:** _____

**REQUEST FOR BACKGROUND CHECK FOR
VOLUNTEER**

Last Name	First	Middle (Maiden Name(s) if Applicable)	
DOB	Gender	Ethnicity	State Drivers License or ID Number
Address	City/Zip	Home Telephone	

Date of Request

Volunteer's/Non-employee's Signature

Tarrant County S.O.

**Office of Professional Standards
Reviewer**

Pictured Identification Required

Please copy in this space

**State or US Govt. Issued Identification
State ID/DL – Resident Card – US Visa – etc.**