Sabine Elementary

645 Access Rd.

Kilgore, Texas 75662

Telephone: (903) 984-5320

WATCH D.O.G.S. ® (**D**ads **O**f **G**reat **S**tudents) is an innovative father involvement, educational initiative of the National Center For Fathering. There are 2 primary goals of the WATCH D.O.G.S. ® program.

1) To provide positive male role models for the students, demonstrating by their presence that education is important.

2) To provide extra sets of eyes and ears to enhance school security and reduce bullying.

WATCH D.O.G.S.® began in 1998 in a single school in Springdale, Arkansas and has since grown into a nationally recognized program that has brought hundreds of thousands of fathers and father figures into the school classrooms and hallways across the country, creating millions of hours of "in school" volunteer time and having a tremendously positive impact on the educational process.

Program Benefits

- Students gain positive male role models.
- Schools gain an extra set of eyes and ears. The presence of a father or father figure will provide an additional deterrent to bullying, enhance a sense of security in the building, and will help to create an environment conducive to learning.
- Fathers get a glimpse of their students' everyday world and learn about the increasingly complex challenges and decisions today's youth are facing. As a result, they can learn to relate better to their student and hopefully connect with them.
- Fathers gain a greater awareness of the positive impact they can have on their student's life in three critical areas including: academic performance, self-esteem, social behavior.

Who are Watch DOGS (**D**ads **O**f **G**reat **S**tudents)?

Watch DOGS are fathers, grandfathers, uncles, and other father-figures who volunteer for at least one day each year at an official WATCH D.O.G.S. ® school. During the day, Watch DOGS may read and work on flash cards with students, play at recess, eat lunch with students, watch the school entrances and hallways, assist with traffic flow and any other assigned activities where they actively engage with not only their own students, but other students as well. Many school principals have reported that the mere presence of a Watch DOG dramatically reduces reports of bullying. On the day of their participation, Watch DOGS are given a brief review of their involvement and they wear an official WATCH D.O.G.S. ®
t-shirt.

How to become a Watch DOG?

If you are interested in becoming a Watch DOG at Sabine Elementary, please fill out this Watch DOGS Packet and return to the elementary office.
If you have any questions please contact one of the Watch DOGS coordinators:

Tiffany Braxton, Elementary Counselor   Misty Gee, Mentor Coordinator
(903) 984-5320   (903)984-5320 / (903) 984-4767 ext. 419
tbraxton@sabineisd.org   mgee@sabineisd.org

Mentor/Volunteer Application

REMINDER: Please write legibly. Fill out all forms completely and in blue or black ink.
Please include a copy of your Driver's License.

Personal Information:

Name: _____ Phone _____

Address: _____ City: _____ Zip Code: _____

Email: _____ Date of Birth: ___ /___ /____   Gender: ____ Female ____ Male

Do you speak a foreign Language? No/Yes   If so, what Language(s): _____

Employment:

Company Name: _____

Address: _____ City: _____ Zip Code: _____

Job Title: _____   Phone: _____

References:

Name: _____ Phone: _____
                  Relationship: (circle one)   Family   Friend   Work Associate   Neighbor

Name: _____ Phone: _____
                  Relationship: (circle one)   Family   Friend   Work Associate   Neighbor

Name: _____ Phone: _____
                  Relationship: (circle one)   Family   Friend   Work Associate   Neighbor

Student	**Teacher**	**Grade**

MENTOR/VOLUNTEER HISTORY:

Have you ever been a mentor or volunteered with children? Yes/No
If so, where?

_____

_____

Type of services:

Volunteer Program: (Please circle all that apply)

Helping in Classroom   Making Copies   Reading Program   Watch D.O.G.S. (Dads of Great Students)

Helping where needed   During School   After School

**Mentoring Program (Please answer questions below if signing up to be a _Mentor_)
**This Information will be used to assist in matching you with a mentee.

What Campus would you prefer to Mentor at: (Please circle all that apply)

Elementary (2nd-3rd / 4th-5th)   Middle School (6th-8th)   High School (9th-12th)

What are some of your hobbies/interests? (Please circle all that apply)

Crafts   Music   Fishing   Computers   Cooking   Reading   Biking   Board Games   Physical Fitness

Fashion   Movies   Camping   Art   Movies   Animals/Pets   Sports/List: _____

Please circle any words that describe your personality:

Honest   Hardworking   Caring   Funny   Quiet   Spiritual   Nervous   Sensitive   Happy

Talkative   Outgoing   Friendly   Forgiving   Brave   Confident   Shy   Rebellious

Availability:

Day:	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

___ Daily   ____ Weekly   ____Monthly

I agree to abide by the rules stated in the Mentor/Volunteer Handbook. I understand that my position as a volunteer is contingent upon the completion of a criminal background check as required by Sabine ISD policies and procedures.

Signature _____   Date _____

DPS Computerized Criminal History (CCH) Verification
Sabine ISD – <u>MENTOR OR VOLUNTEER</u>

I, _____, have been notified that a computerized criminal
      APPLICANT or EMPLOYEE NAME (Please print)
history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure
Website and will be based on <u>name and DOB</u> identifiers I supply. (This is not a consent form.) Authority for this
agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter
F.

Name-based information is not an exact search and only fingerprint record searches represent true identification
to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with
me <u>any</u> criminal history record information obtained using this method.

The agency may request that I have a fingerprint search performed to clear any misidentification based on the
result of the <u>name and DOB</u> search. I will be provided a FASTPASS in order to make an appointment with the
Fingerprinting Applicant Services of Texas (FAST), submit a full and complete set of fingerprints, request a copy
be sent to the agency listed below, **and pay a fee of $47.00 to the fingerprinting company, L1 Enrollment
Services.**

Once this process is complete, the information on my fingerprint criminal history record may be discussed with
me.

(This copy must remain on file by your agency. Required for future DPS Audits)

_____
Signature of Applicant or Employee

_____/_____/_____ Date

SABINE ISD
_____
Agency Name (Please print)

_____
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____/_____/_____ Date

Please: **Check and Initial each Applicable Space**
CCH Report Printed:
YES_____ NO_____   _____Initial
Purpose of CCH: _____
Hired _____ Not Hired _____   _____Initial
Date Printed: _____ / _____ / _____   _____Initial
Destroyed Date: _____ / _____ / _____   _____Initial
Retain in your files

SABINE INDEPENDENT SCHOOL DISTRICT
Criminal History Authorization For Mentor/Volunteer Program
(please print all information except for signature)

Texas Education Code §22.083 authorizes a school district to obtain the criminal history record of every applicant for employment or volunteer services with the School District. Therefore, as a part of your application process, you need to complete the following questions.

_____   _____   _____   _____
Last Name   First Name   MI   Jr/Sr, etc.

_____ - _____ - _____   _____   _____
Social Security No.   Driver's Licencse No.   State Issued

_____ / _____ / _____   Sex (check one): ❑ Male   ❑ Female
Birth Date

Race (check one): ❑ Hispanic   ❑ Black   ❑ White   ❑ Other

Current Address: _____

City: _____   State:_____   Zip: _____

For each residence in the last five years – list the city, state, applicable last names:

City	State	From (mm/yy)	To (mm/yy)	Last Name (at time of date listed)

Have you ever been convicted of or received deferred adjudication for a criminal offense? ❑ Yes   ❑ No
If yes, please indicate the year, location, and type of each offense. More facts may need to be discussed later.

Location (City/State)	Offense	Last Name	Year

I hereby authorize Sabine ISD and Sabine ISD's agent(s) to obtain a consumer report on me. Sabine ISD is authorized to use any source including, but not limited to, consumer reporting agencies, private investigators, and law enforcement agencies. Furthermore, I authorize any of these agencies to release information on me to Sabine ISD and Sabine ISD's agent(s). I also hereby acknowledge that I have received a notice that a report may be obtained for employment purposes, if applicable. I understand that the information I am providing about age, sex, and ethnicity will not be used to determine my eligibility for employment or volunteer services, but will be used soley for the purpose of obtaining consumer information, including criminal history information. I further understand that information from my consumer report wil not be used in violation of any applicable Federal or State equal employment opportunity laws.

_____   _____
Signature of Applicant   Date

This form will be removed from the application and filed separately in the personnel office.
Please include a Copy of Drivers License