



Sabine Elementary

645 Access Rd.

Kilgore, Texas 75662

Telephone: (903) 984-5320



WATCH D.O.G.S.® (Dads Of Great Students) 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 (Dads Of Great Students)?

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
(903) 984-5320
tbraxton@sabineisd.org

Misty Gee, Mentor Coordinator
(903)984-5320 / (903) 984-4767 ext. 419
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

<u>Student</u>	<u>Teacher</u>	<u>Grade</u>

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 – MENTOR OR VOLUNTEER

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 name and DOB 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 any 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 name and DOB 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 \$45.70 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 License No. State Issued

____ / ____ / ____
 Birth Date

Sex (check one): Male Female

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 solely for the purpose of obtaining consumer information, including criminal history information. I further understand that information from my consumer report will 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****