

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

Date Received _____ _____ Initials
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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

Pictured Identification Required

\_\_\_\_\_  
Volunteer's/Non-employee's Signature

Please copy in this space
State or US Govt. Issued Identification State ID/DL – Resident Card – US Visa – etc.

\_\_\_\_\_  
Tarrant County S.O.

\_\_\_\_\_  
Office of Professional Standards  
Reviewer