



## Human Resources Department

### Volunteer Application

#### Volunteer Information

S.S. # \_\_\_\_\_

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

\_\_\_\_\_ Last name First name MI

Address \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female

Street \_\_\_\_\_

\_\_\_\_\_ City Zip Code

Phone numbers \_\_\_\_\_

\_\_\_\_\_ Home Work

Email address \_\_\_\_\_

Education \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Other

#### Volunteer Placement

Days/hours available \_\_\_\_\_

Length of commitment \_\_\_\_\_

Dates of service \_\_\_\_\_ Beginning \_\_\_\_\_ Ending

Site preference \_\_\_\_\_ Client contact \_\_\_\_\_ Office/Operations \_\_\_\_\_ Special Event

\_\_\_\_\_ Fundraiser \_\_\_\_\_ Other

Class credit? \_\_\_\_\_

\_\_\_\_\_ No  
 \_\_\_\_\_ Yes School/college/university \_\_\_\_\_

Teacher/instructor/professor \_\_\_\_\_

Other \_\_\_\_\_



## Criminal History Check

I understand that in order for me to volunteer directly with clients a Criminal History background check will be requested from the Texas Department of Public Safety (DPS) or other suitable source and that I will not be able to work with a client until this clearance is obtained. In order to facilitate the Criminal History check, I willingly provide information as to my Date of birth and Social Security number.

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

This information assists the DPS in making a positive identification and in no way will be used to discriminate in placement in a volunteer assignment.

I have read and fully understand the above statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Confidentiality and HIPPA Agreement\Training

I shall not, directly or indirectly, make known, divulge, publish or communicate confidential information to any person, firm, or corporation without written consent\permission from individual and\or LAR.

I, hereby acknowledge that I was given a Confidentiality/HIPPA training.

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Signature

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Print Name

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Date

## DPS Computerized Criminal History (CCH) Verification (Agency Copy)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal History  
**Applicant or Employee Name (Please Print)**

(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. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB 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.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us](http://www.txdps.state.tx.us) Crime Records/Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed, 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**

\_\_\_\_\_  
Agency Name (Please Print)

\_\_\_\_\_  
Agency Representative Name (Please Print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>		
<b>Check and Initial each Applicable Space</b>		
<b>CCH Report Printed:</b>		
Yes: _____	No: _____	_____ initial
Purpose of CCH: _____		
Empl: _____	Vol/Contractor: _____	_____ initial
Date Printed: _____	_____	_____ initial
Destroyed Date: _____	_____	_____ initial
<b>Retain in your files</b>		