



Human Resources Department

Volunteer Application

Volunteer Information

S.S.# _____

Name

Last Name

First Name

MI

Date of Birth:

Address

Street

Male

Female

City

State

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?

Yes

No

School/College/University:

Teacher/Instructor/Professor:

Other:



Confidentiality Agreement

I willingly adhere to all rules, policies and procedures pertaining to confidentiality regarding all files and identification of clients, former clients or potential clients that I come into contact with as a volunteer.

I agree to follow all rules, policies and procedures to the best of my ability and to respect the confidential nature of all records and personal contact with clients.

I understand violation of this confidentiality requirement can result in immediate dismissal from my volunteer placement at this facility.

I have read and fully understand the above statement.

Signature

Print Name

Date



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 HIPAA 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 the individual and/or LAR.

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

Signature

Print Name

Date

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

I, _____, acknowledge that a Computerized Criminal
Applicant or Employee Name (Please Print)

History (CCH) may 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 / Crime Records/Review of Personal Criminal History](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

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		