

# childadvocates®

## BACKGROUND CHECK FORM

Thank you for completing your annual Background Check Form. In order for us to properly process your information, please answer the following questions and fill out the forms **completely**. Incomplete forms cannot be processed.

ON THE LAST PAGE, PLEASE BE SURE TO INCLUDE YOUR **FULL SOCIAL SECURITY NUMBER AND BOTH YOUR RACE AND YOUR ETHNICITY.**

*YOUR NAME SHOULD BE ENTERED EXACTLY AS IT APPEARS ON YOUR DRIVERS' LICENSE.*

**Please submit completed forms to:**

Child Advocates, Inc.  
ATTN: BGC  
3701 Kirby Dr., Suite 400  
Houston, TX 77098

OR

Email: [bgc@childadvocates.org](mailto:bgc@childadvocates.org)  
Fax: 713-529-1390, Attn: BGC

If submitting your request via email, please note your area of involvement (2-4 letter abbreviation) in the email subject line.  
See below for abbreviations.

**Please check all that apply.**

- Current Court Appointed Advocate (CAA)
- Planning/Attending Advocacy University – new volunteer training (AU)
- Member of Young Professionals for Children (YPC)
- Member of Friends of Child Advocates (FOCA)
- Junior League Houston – Child Advocates Placement (JLH)
- Child Advocates' Board of Directors/Advisory Board? (BOD or AB)
- Special Events Volunteer: (Please circle all that apply.) (SEV)

ChildSpree

Holiday Party

Other (please specify) \_\_\_\_\_

**Have you previously completed a background check for Child Advocates, Inc.?**

- Yes
- No

## BACKGROUND CHECK FORM & VOLUNTEER AGREEMENT

Name of Volunteer: \_\_\_\_\_ (printed) Today's Date : \_\_\_\_\_

### I. AUTHORITY AND CONSENT TO RELEASE INFORMATION

I understand that Child Advocates, Inc. ("CAI") may not obtain information regarding me without my consent. By my signature below I freely and voluntarily authorize all investigative agencies and law enforcement agencies to whom this Authority and Consent is presented to (1) grant access to any and all of my records on file with that person or entity (including, without limitation, confidential information) to, and (2) release such information to, CAI and/or its partners, employees, representatives, and agents as such information relates to my possible volunteerism with CAI. This authorization specifically includes, without limitation, Harris County Children's Protective Services and the Department of Family and Protective Services, a governmental entity which has assumed all the functions related to child protective services pursuant to Title 70, Texas Revised Civil Statutes Annotated, Article 4413(503), for the purpose of obtaining any relevant records on me, should such records exist and be in their possession. The authorization also includes criminal records and databases containing such records. I authorize CAI, its employees, representatives and/or agents to conduct and interpret interview procedures they believe to be appropriate. I understand that the accuracy and completeness of my statements in interviews and application form will be relied upon by CAI and that any false statement made by me may be a basis for withdrawing any offer made to me to serve as a volunteer for CAI. By my signature below, I hereby authorize any future background checks by CAI and disclosure of information and records as provided herein under the same terms and conditions as set forth above, unless and until I revoke such authorize in writing to CAI. A photostatic copy of this Authority and Consent to Release shall be considered as effective and valid as the original. By my signature below, I hereby release CAI and each entity which provides information to CAI in accordance herewith, including, without limitation, Harris County Children's Protective Services, the Department of Family and Protective Services ("Custodians of Records"), and each of their respective directors, employees, representatives and agents (as applicable) from any and all claims, demands, liability, responsibility, and damages of any kind whatsoever arising from any investigation of my background, the interview procedures conducted, the disclosure of information to CAI and the use of such information by CAI in connection with my possible volunteerism with CAI ("Claims"), and hereby waive any rights to seek recourse against all such parties for any such Claims.

### II. VOLUNTEER ACKNOWLEDGMENT, RELEASE, WAIVER AND HOLD HARMLESS AGREEMENT

I acknowledge that at all times, I am a volunteer for Child Advocates, Inc. ("CAI"), and I am not acting as an employee of CAI. I shall not be entitled to participate in a benefit from any employee benefit or welfare plans, including but not limited to employee health insurance. Pursuant to my service as a volunteer for CAI, I recognize that there are certain risks and possible bodily or personal injuries and damages that one may sustain through such service. Accordingly, I hereby assume all risks associated with my service as a volunteer with CAI, and hereby release, waive and hold harmless on behalf of myself and those claiming by, through or under me, CAI from all claims, damages or causes of action which I may have now or hereafter against CAI, and their officers, directors, members, agents, representatives or employees, arising out of any bodily or personal injuries or damages I may sustain in connection with my service as a volunteer with CAI, including any bodily or personal injuries or damages caused or alleged to be caused all or in part by myself, other volunteers, contractors or workers, or the actions, failure to act or negligence of CAI and their officers, directors, members, agents, representatives, and employees. This Acknowledgement, Release, Waiver and Hold Harmless Agreement shall be binding upon me and my heirs, assigns and legal or personal representatives.

### III. CONFIDENTIALITY

By my signature below, I agree to maintain the confidential handling and safeguarding of confidential and sensitive information regarding CAI and the children served by CAI. I recognize and acknowledge that there are certain state and federal laws protecting the confidentiality of Texas Department of Family and Protective Services records. In addition, CAI has invested substantial time, money and effort developing its organization, finances, development, marketing and other business systems and materials, etc., all of which CAI considers its confidential and proprietary information.

To protect the children served by CAI and/or CAI, I agree as follows:

- Without the express written consent of the Chief Executive Officer of CAI, I will not during or after my volunteerism with CAI, disclose or discuss any personal and/or confidential information relating to the children served by CAI, their cases, or any volunteer or employee of CAI with any individuals except an appropriate Court Appointed Advocate volunteer or CAI staff member, or persons who are party to the case. Confidential information includes, but is not limited to: information, records and documents relating to potential, current or former employees, volunteers and board members of CAI; and information and names of children served by CAI, their families and their cases, etc.
- I will maintain complete confidentiality regarding any CAI information relating to its finances, development, business, organization, marketing or other business systems and materials, etc. which I may become aware of through my employment/volunteerism with CAI.

If requested or required (by deposition, interrogatory, request for documents, subpoena, civil or criminal investigative demand or similar process) to discuss any confidential information, I will, if possible, provide the Chief Executive Officer of CAI with prompt written notice of that request or requirement. I understand the importance of confidentiality for the success of the mission of CAI and I understand that a breach by me of any provision of this Agreement may cause severe and irreparable harm to the children served by CAI and/or CAI. Therefore, I understand that a breach of this Agreement by me may lead to immediate disciplinary action, the termination of my volunteer services, or any appropriate legal action.

By my signature below, I acknowledge having read the statements above, and will agree to fulfill these requirements.

Signature	Drivers' License Number & State	Date of Birth
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#### IV. FELONY/MISDEMEANOR CONVICTION AND OTHER INFORMATION

*I acknowledge that I have been informed of the following CAI policies:*

- A. Prohibition, at CAI's discretion, from serving in any capacity as an employee or volunteer for any person convicted of:
  - 1. Any felony, misdemeanor, or deferred adjudication sentence classified as an offense against person or family or property;
  - 2. Any felony, misdemeanor, or deferred adjudication for an offense against public order and decency or;
  - 3. Any felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act.
  
- B. Reassignment or removal from contact with children for any of the following reasons:
  - 1. An indictment alleging commission of a felony classified as offense against person or family or of public indecency, or of a felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act;
  - 2. An indictment alleging commission of a misdemeanor classified as an offense against person or family or of public indecency or;
  - 3. An official criminal complaint accepted by a district, county or U. S. attorney alleging commission of a misdemeanor or a felony classified as an offense against person or family or of public indecency.
  
- C. I certify that I have provided CAI with all information requested on this form, as well as any additional information that may be pertinent to its decision regarding my volunteer service to CAI, including responses to the questions below. I understand that an affirmative answer to the questions below does not necessarily preclude my service to CAI as a volunteer but will be considered in CAI's decision.

I have read this form in its entirety. I understand that the information contained herein may be verified by CAI, and that the inclusion of any false information or the omission of any requested information is cause for my immediate termination as a volunteer or in any other capacity for CAI.

*Please initial acknowledging you have read this page \_\_\_\_\_*

**Please check Yes or No for each of the three questions below. Provide an explanation, where applicable.**

Yes  No      1. *Have you been indicted, convicted, or received deferred adjudication prior to the date of this Agreement of a felony or a misdemeanor for any criminal offense, not including traffic violations? If your answer is affirmative, give details; provide date, place, nature of conviction, and disposition.*

Yes  No      2. *Have you been convicted of a felony or misdemeanor violation prior to the date of this Agreement of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act? If your answer is affirmative, give details; include the types of charges.*

Yes  No      3. *Are you currently under indictment or charged in an official criminal complaint accepted by a district, county or U.S. attorney's office with a felony or misdemeanor criminal offense or other criminal violation? If your answer is affirmative, give details (use attachments if necessary); include the types of charges.*

**List other places that you have lived OUTSIDE the state of Texas (in the past 5 years) continue on back as needed:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

**V. PERSONAL AUTOMOBILE INSURANCE AND DRIVING RECORD INFORMATION**

The information requested below is required for all Court Appointed Advocates volunteers and may be required for other volunteers at certain times; however, should you prefer to complete this information at this time, it would be appreciated. This information is important because CAI volunteers may be asked to provide their own transportation in transporting themselves, employees with CAI, and/or goods for CAI event(s). Volunteers are *never* to transport the children and/or their siblings being served by CAI, *under any circumstances*.

**Please check Yes or No for each of the two questions below. Provide an explanation, where applicable.**

Yes  No 1. Have you been indicted, convicted, or received deferred adjudication for moving violations such as speeding tickets, DUI, etc. in the five years prior to the date of this Agreement? If your answer is affirmative, give details; provide date, place, nature of conviction, and disposition.

Yes  No 2. Have you had any automobile accidents in the five years prior to the date of this Agreement? If your answer is affirmative, give details, including date of occurrence and details below.

Do you currently have Automobile Insurance?  Yes  No  
If yes to above, do the liability limits meet/exceed the legal minimum requirements?  Yes  No  
Type of Coverage Provided?  Full  Liability

\_\_\_\_\_  
Name of Your Current Automobile Insurance Company  
*\*Our insurance providers recommend that CAI volunteers maintain a limit of liability of \$100,000 per occurrence and \$300,000 aggregate coverage.*

**I certify that the information contained in this form, in its entirety, is true and correct to the best of my knowledge. I agree to inform CAI if any of the information contained or requested herein changes at any time during my tenure as a CAI volunteer, including, without limitation, any arrest.**

Signature	Today's Date
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**PERMISSION TO ALLOW CASA PROGRAM TO REQUEST  
CHILD ABUSE/NEGLECT  
CENTRAL REGISTRY**

**Purpose**

The purpose of the following form is to grant authorized representatives of CASA programs permission to request through the Texas Department of Family and Protective Services (DFPS) a Central Registry of Child Abuse and Neglect check on the behalf of potential and current CASA volunteers, employees and board members.

**Central Registry check**

As required by the Texas Family Code 261.002, DFPS maintains a central registry of reported cases of child abuse and neglect. The DFPS Central Registry consists only of information gathered during Child Protective Services, Child Care Licensing, and Adult Protective Services facility investigations of child abuse and neglect in cases which were given a disposition of "reason to believe", and the person had a role of designated perpetrator or sustained perpetrator (**Please Note:** Cases involving adult victims are not included in the DFPS Central Registry).

In addition, the person will not clear the Central Registry check if the person is involved as an alleged perpetrator in an open child abuse or neglect investigation being conducted by DFPS. A new Central Registry check may be requested at the conclusion of the investigation to determine if the person has been listed as a designated perpetrator on the Central Registry of Child Abuse and Neglect.

**Process**

A signed copy of the following form will be submitted to DFPS on your behalf. Providing false information on the form or any updated information requested for future submissions to DFPS is a violation of Texas Penal Code Section 37.10. The information on this form will be used to conduct the DFPS Central Registry.

**Results**

As the subject of the request, you have the right to review the results of this check. If Central Registry history is found that identifies you as a person who has been found to have abused or neglected a child, DFPS will only send the results directly to you via e-mail. You have the option to share these findings with the CASA representative who submitted the request on your behalf. If you want to continue to be considered as a potential volunteer, employee, or board member with CASA you will be required to disclose the findings.

## DFPS Background Check: Information Collection Form for CASA Employees / Volunteers

First Name (as listed on Drivers' License)	Middle Name	Last Name	
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last			
Residence Street Address			
City	County	State	Zip Code
Residence Telephone Number	Alternate Telephone Number		
Date of Birth	Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female	SSN	
Race (check all applicable) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Nat Hawaii/Pac Island <input type="checkbox"/> Unable to Determine (or, none of the above)		Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine	
List other places you have resided (for a minimum of the past 5 years)			
Eligible for Case Connection: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Email Address of the Subject of the Background Check:			

I am the person listed above and the information I provided is true and correct. I grant permission to the CASA program to request a Texas Abuse and Neglect background check through the Texas Department of Family and Protective Services on my behalf.

Signature: \_\_\_\_\_ Date of Consent: \_\_\_\_\_

## DFPS Security Agreement for CASA Employees / Volunteers

*This agreement is for individuals who are not employees of the Texas Department of Family and Protective Services (DFPS), but who will be provided confidential information as part of a project, contract, or agreement between DFPS and the organization the individual represents.*

I understand and acknowledge that information made available to me by the Department of Family and Protective Services contains data that is considered confidential under law. I will use this information with discretion in performing my duties and responsibilities as a CASA Staff or volunteer and will disclose this information to other individuals only to the extent that it is specifically authorized under the contract or agreement in place between my organization and DFPS. If at any time a question or problem arises with regard to the release of information, I will not release the information until I am so authorized. Under no circumstances will I access or release confidential information for any purpose other than in the performance of my duties and responsibilities as a CASA staff or volunteer as they relate to the contract or agreement with DFPS. I understand that if I use this information in an unauthorized manner, I may be subject to prosecution under one or more applicable statutes and will no longer be allowed access to the information provided to my organization.

If I am eligible for access to Case Connection, I acknowledge that I have read and understand the DFPS Security Requirements provided to me as part of this security agreement.

Attached please find: DFPS Requirements and Guidelines for CASA organizations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date