

childadvocates®

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 following forms **completely**. Incomplete forms cannot be processed.

ON THE NOTARY 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.*

Only originals will be accepted.
Please drop-off or mail the completed notarized form to:

Child Advocates, Inc.
ATTN: BGC
2401 Portsmouth St, Suite 210
Houston, TX 77098

Please check all that apply.

Do you volunteer as a:

- Court Appointed Advocate?

Are you a member of:

- Young Professionals for Children (YPC)?
- Friends of Child Advocates?
- Junior League Houston?
- Child Advocates' Board of Directors/Advisory Board?
- Special Events Volunteer: (Please circle all that apply.)

ChildSpree

Holiday Party

Other (please specify)_____

Have you previously completed a background check for Child Advocates?

- Yes
- No

OFFICE USE ONLY	DATE RECEIVED ____/____/____
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VOLUNTEER AGREEMENT

Name of Volunteer: _____ (printed)

Date: _____ Email: _____

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. 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:

1. 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.
2. 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. Furthermore, 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

Driver’s License Number & State

Date of Birth

**REQUEST FOR CHILD ABUSE/NEGLECT
CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK**

The Texas Department of Family and Protective Services (FPS) operates a Central Registry that identifies persons whom FPS has found to have abused or neglected children. FPS strives to provide the results of the Central Registry check within 30 days. A person may request a Central Registry check on him or herself by completing, having notarized and submitting this request form.

REQUIRED IDENTIFYING INFORMATION ON REQUESTER - The requester must provide all of this information in order for a check to be made:

First Name		Middle Name	Last Name		
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
Residence Street Address			City	County	State Zip Code
Residence Telephone No. (A/C)		Date of Birth	Gender: <input type="checkbox"/> Male - <input type="checkbox"/> Female		SSN
Race (Must check <u>at least one</u> , check all applicable) <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Nat Hawaii/Pacis <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine			Ethnicity (Must check <u>one, only</u>) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine		
List other places you have resided <u>in Texas</u> (continue on back as needed)					

<p>ATTN AUSTIN BACKGROUND CHECK UNIT: PLEASE MAIL/FAX RESULTS OF REQUESTED CHECKS TO:</p> <p><input type="checkbox"/> Requester, OR <input checked="" type="checkbox"/> Designee -</p> <p>Name of Designee: Yen Le (R-06 859349)</p> <p>Please check below to indicate Agency the Designee Represents: Child Advocates, Inc.</p> <p>Mailing Address of Designee (City, State, Zip): 2401 Portsmouth, Suite 210 Houston, Texas 77098 (713) 529-1396 ext. 204</p> <p>Fax Number: (713) 529-1390, ATTN: Yen</p> <p>Email Address: yen.le@childadvocates.org</p>	<p>RESULTS OF CENTRAL REGISTRY CHECK:</p> <p>FPS returns the results of the Central Registry checks to the requestor or designee indicated to the left. The requester is entitled to have the results provided to him or to designate another person or entity to receive the results.</p> <p><u>NOTICE - NOTICE - NOTICE:</u> The requester may not have exhausted all opportunities to contest findings in the Central Registry. Therefore, a requester who designates another person/entity to receive the results of the check is <u>hereby provided notice and cautioned</u> that if he or she disagrees with any such findings, that he or she may have the right to challenge any such findings, and that he or she is authorizing FPS to release any such findings to a third party prior to or during any challenge to the accuracy of those findings.</p>
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Type of Agency:	
<input type="checkbox"/> a Texas affiliate of Big Brothers/Big Sisters of America	<input type="checkbox"/> a Texas chapter of the Make-a Wish Foundation of America
<input type="checkbox"/> the "I have a Dream/Houston" program	<input type="checkbox"/> a local affiliate of Children's Advocacy Centers of Texas
<input checked="" type="checkbox"/> an organization providing Court-Appointed Special Advocates for abused/neglected children (CASA)	

Signature of Requester _____ Date of Request _____
 (Must be signed with a Notary present.)

SUBSCRIBED AND SWORN TO before me this ____ day of _____, _____.

[Notary stamp or seal]

Notary Public

DPS Criminal History Check Requested? (for designated agency use only)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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III. 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 circle Yes or No for each of the three questions below. Provide an explanation, where applicable.

YES or 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? If your answer is affirmative, give details; provide date, place, nature of conviction, and disposition.*

YES or 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 or 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):

Address: _____

City: _____ State/Zip: _____ County: _____

Address: _____

City: _____ State/Zip: _____ County: _____

If outside the United States, please indicate: (If any, this will require an additional separate form.)

Region/Territory: _____ Country: _____ Residency Status: _____

IV. 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).

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

YES or 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 or 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.*

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.

Name of Insurance Company

Beginning and Ending Policy Dates

**Liability Limits (Include the dollar amounts for incidental occurrence and for aggregate)*

Coverage Provided (*Full or Liability Only*)

Signature

Date

**Our insurance providers recommend that CAI volunteers maintain a limit of liability of \$100,000 per occurrence and \$300,000 aggregate coverage.*