

# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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



### 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.*