The Bridge Children's Advocacy Center
Volunteer Application

PERSONAL INFORMATION

Name: _____ DOB:_____

Address:_____

Preferred Phone:_____ Cell ( ) Home ( ) Work ( )

Employer:_____

Email Address:_____

Name of Spouse:_____ Contact number:_____

Children/Ages:_____

EDUCATION

Name of School/Program:_____

Level of Education:_____

Degrees/Specialization:_____

Major/Minor:_____

EXPERIENCE

Do you have experience working with children? Yes ( ) No ( ) If yes, what ages?_____

If yes, please explain your involvement with children and where: (professional/volunteer)

_____

_____

_____

_____

How did you hear about volunteer opportunities at The Bridge?

What interests you about volunteering at The Bridge?

List some strength(s) you may have to bring to the field of child abuse and working with families in crisis?

Do you have any physical or emotional limitations we should be aware of in making a volunteer assignment? Yes ( ) No ( )

If yes, please explain:

Is there any reason you would <u>not</u> be able to work closely with Law Enforcement or Children's Protective Services? Yes ( ) No ( )

If yes, please explain:

Have you or someone you know received services at The Bridge or a Children's Advocacy Center? Yes ( ) No ( )

If yes, please explain:

Have you volunteered at any other agency? Yes ( ) No ( )

If yes, please list agency and contact information:

_____

_____

_____

_____

May we contact agencies for references? Yes ( ) No ( )

Please mark preferred days and available hours for volunteer opportunities.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Thank you for considering The Bridge as the home of your volunteer service!

REFERENCES

1. Name:_____ Relationship:_____

Address:_____ City/State:_____ Zip:_____

Cell Phone: _____ Home Phone:_____ Work Phone:_____

Email Address:_____

Length of Time Known by Applicant:_____

2. Name:_____ Relationship:_____

Address:_____ City/State:_____ Zip:_____

Cell Phone: _____ Home Phone:_____ Work Phone:_____

Email Address:_____

Length of Time Known by Applicant:_____

3. Name:_____ Relationship:_____

Address:_____ City/State:_____ Zip:_____

Cell Phone: _____ Home Phone:_____ Work Phone:_____

Email Address:_____

Length of Time Known by Applicant:_____

FELONY AND MISDEMEANOR CONVICTION INFORMATION

Our agency screens prospective employees and volunteers to evaluate whether an applicant poses a risk of harm to the children, youth and families it serves. Information obtained does not automatically bar employment or volunteer opportunities. Relevant circumstances are appraised. This disclosure is to be completed by applicants prior to further consideration. Any falsification, misrepresentation, or incompleteness in this disclosure is sole adequate grounds for rejection or termination. This agency works closely with federal, state, and local law enforcement agencies to verify all information to the maximum extent permitted by law.

1. I have _____ have not _____ been convicted of a felony or a misdemeanor. If your answer is affirmative, give details, including date, place, nature of conviction and disposition.

   _____

   _____

2. I am _____ or am not _____ currently under investigation, indictment or charged in an official criminal complaint with a felony or misdemeanor. If your answer is affirmative, please give details, including type of charges.

   _____

   _____

3. I have _____ have not _____ ever been investigated for abuse or neglect by the Texas Department of Family & Protective Services also known as Children's Protective Services. If your answer is affirmative, please give details including date, place and nature of investigation.

   _____

   _____

4. I have _____ have not _____ ever been prohibited from serving in any capacity as an employee or a volunteer with any organization or agency working with children. If your answer is affirmative, please give details, including the date, name, and address of the organization.

   _____

   _____

5. I have _____ have not _____ ever been reassigned, removed or asked to leave any position involving contact with children. If your answer is affirmative, please give details, including date, name and address of the organization.

   _____

   _____

6. I have _____ have not _____ ever been investigated for abuse or neglect by the Texas Department of Family & Protective Services also known as Children's Protective Services. If your answer is affirmative, please give details including date, place and nature of investigation.

   _____

   _____

I have read this form in its entirety and understand that the information may be verified by The Bridge Children's Advocacy Center, and that the inclusion and/or admission of any false information or omission of any requested information is cause for my immediate dismissal from volunteer placement at The Bridge. I agree to inform the Advocacy Center if this information changes any time during my participation as a volunteer or as an employer at The Bridge Children's Advocacy Center.

Signature of Volunteer/Employee _____ Date_____

THE BRIDGE CHILDREN'S ADVOCACY CENTER
Consent for Criminal Background History Check
Authorization/Waiver/Indemnity

This information is collected exclusively for the purpose of conducting a records check of the volunteer

PLEASE PRINT

_____ _____ _____
(Last) (First) (Middle)

_____ _____ _____
(Maiden) (Race) (Sex)

_____ _____ _____
(Driver's License Number) (Social Security Number) (DOB)

Please list all of the states that you ever lived in:

_____, _____, _____, _____

I hereby give my permission to The Bridge Children's Advocacy Center to inquire about my records, qualifications, and/or character. I understand that this check may be made by phone or in writing and will include employers, organizations, personal references, the Department of Family and Protective Services, and police records. The results of the check will be confidential.

I hereby give my permission in exchange for good and valuable consideration for The Bridge Children's Advocacy Center to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time.

I, the undersigned, do, for myself, my heirs, executors, and administrators, hereby remise, release and forever discharge and agree to indemnify and defend The Bridge Children's Advocacy Center and each of its officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever and any related attorney's fees, court costs, and other expenses relating from the investigation of my background connection with any application to become a volunteer/staff member.

_____ _____
Volunteer/Employee Signature Date

Subscribed and sworn to before me

This _____ day of_____,_____

Notary Public, State of Texas

_____
Signature of Notary Public

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

CHIEF OPERATING OFFICER (COO) - CENTRALIZED BACKGROUND CHECK UNIT

Purpose: The purpose of this form is to grant representatives of authorized Volunteer Organizations permission to request, on the behalf of potential and current volunteers, employees, and board members:

- a criminal history check from the Texas Department of Public Safety (DPS) and
- a check from the Texas Department of Family and Protective Services (DFPS) Central Registry of Child Abuse and Neglect.

The authorized volunteer organizations include: Big Brothers and Big Sisters of America, Child Advocacy Centers of Texas, Make-A-Wish Foundation of America and I Have a Dream/Houston. This form is completed by the subject of the background check or a designee.

Directions: The subject of the background check or designee reads and completes Sections 1-5, and submits this form using the instructions below. For questions, call the CBCU Support Line at (800) 645-7549 or email: CACTXBGCREQUEST@dfps.state.tx.us.

A note to Designees: The designee is responsible for ensuring the information provided by the subject in Section 1 is complete and accurate. The information must be verified by viewing official documents provided by the subject of the check, such as a driver's license or social security card.

Instructions: Complete, sign, and submit this form to:
Email: CACTXBGCREQUEST@dfps.state.tx.us
FAX: 512-339-5871
Mail: CBCU Non-Licensing Unit M/C 121-7
PO Box 149030, Austin, TX 78714-9030

Section 1: Subject of the Background Check

The information in this section must be provided by the subject of the background check before the check is conducted. Missing information may result in delays.

First Name	Middle Name	Last Name

Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)

Address	Apt. No.	City	County	State	Zip Code

Telephone Number	Date of Birth	Gender: ☐ Female ☐ Male	Social Security Number

Ethnicity
☐ Hispanic ☐ Other

Race
☐ White ☐ Unable to Determine ☐ Native Hawaiian/Pacific Islander
☐ Black ☐ Asian ☐ American Indian/Alaskan Native

Driver's License Number: State of Issuance:

List any other additional addresses or cities in Texas that you have lived in (continue on back as needed)

If you would like a copy of these results sent to you, please select the appropriate box.
☐ Email (preferred method): _____
☐ Mail (results will be sent to the mailing address listed above)

Section 2: Signatures

This section of the form must be signed by the subject of the background check and not the designee.

- I am the person listed above in Section 1 of this form. The information in this document is correct and I am a prospective or current volunteer, employee, or board member of the volunteer organization listed in Section 3. I agree to update the volunteer organization of any changes to the information above.
- I grant permission to the volunteer organization listed in Section 3 to request a Child Abuse/Neglect Central Registry and a Texas Department of Public Service Criminal history check as well as any subsequent checks so long as I am active with that agency.
- I authorize DFPS to transmit the results of this background check via e-mail and I acknowledge that DFPS cannot guarantee that information transmitted electronically is secure and accessible only to approved parties.
- I understand that the information I am providing will be part of any request and that providing false information is a violation of Texas Penal Code Section 37.10.
- I acknowledge that my designee can receive my background check results only as described in Section 5.

Requestor: X	Date Signed:

Section 3: Designee

DFPS: Send the results of the requested checks to the designee below:

Full Name Shelly Bohannon		Email Address shelly@bridgecac.org			
Address 804 Quail Creek Drive	Apt. No. (if applicable)	City Amarillo	County Potter	State TX	Zip Code 79124

Name of the volunteer organization the designee represents: The Bridge

Section 4: Note to the Subject of the Background 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 (CPS), Child Care Licensing (CCL), and Adult Protective Services (APS) facility investigations of child abuse and neglect in cases that were given a disposition of "reason to believe" for CPS and CCL cases or "confirmed and validated" for APS cases, 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, you will not clear the Central Registry check if you are 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 whether you have been listed as a designated perpetrator on the Central Registry of Child Abuse and Neglect.

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 mail or e-mail. You have the option to share these findings with the volunteer organization listed above (Section 2).

The criminal history check from DPS will include all Texas-based arrests and dispositions, including both convictions and cases with unknown dispositions. In some cases the search will produce juvenile criminal history results.

Unknown disposition information found may not be the most up-to-date information available. If the results returned from DPS include an unknown disposition, contact the court of jurisdiction and request an official certified copy of the disposition. The official certified copy and an Error Resolution Form should be sent to DPS at P.O. Box 4143, Austin, TX 78765 in order for the person's criminal history to be updated with DPS.

If you dispute the criminal history returned from DPS you will need to request a personal review by completing the TXIREVIEW FAST Pass and submitting fingerprints to DPS. To schedule a fingerprint appointment you will need to contact MorphoTrust enrollment services at (888) 467-2080. You will need to take the TXIREVIEW FAST Pass with you on the date of your scheduled fingerprint appointment.

Section 5: Privacy Statement f

DFPS values your privacy. For more information, read our privacy policy.