



General Volunteer Application

Instructions: Please print in ink and fill out all sections completely. Please also complete the Confidentiality Agreement, Felony Conviction Information, and Background Check Permission forms. Return the forms to Children's Advocacy Center of Greater West Texas, Inc. P.O. Box 5195 • 3418 Town and Country Drive, San Angelo, TX 76902

Personal Information

(Confidential)

Application Date: _____

Name: _____

Address: _____ City: _____ Zip Code: _____

How long at this address? _____ If less than 3 years, list prior address below.

Address: _____ City: _____ Zip Code: _____

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

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State of Issuance: _____

Employment Information

Employer: _____ Occupation/Title: _____

Address: _____ City: _____ Zip Code: _____

Supervisor: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ Address: _____

Education Information

(Circle highest completed)

High School: 9 10 11 12 GED

College: 1 2 3 4 Degree: _____

Graduate School/Advanced Degree: 1 2 3 4 Degree: _____

Current School/Training: _____ Course: _____

If you completed college coursework, describe any special concentration, training, degree, etc.

Language

Are you fluent in any foreign language? Yes No

If yes, please list: _____

Special Skills

Please list any special skills, hobbies, or interests that might be helpful in your work.

Work/Volunteer Experience

Please list any previous experience, particularly experience working with children and families.

Agency/Organization: _____

Responsibilities: _____ Length of Service: _____

Agency/Organization: _____

Responsibilities: _____ Length of Service: _____

Agency/Organization: _____

Responsibilities: _____ Length of Service: _____

Agency/Organization: _____

Responsibilities: _____ Length of Service: _____

How did you hear about Children's Advocacy Center of Greater West Texas, Inc.?

Why would you like to be a part of Children's Advocacy Center of Greater West Texas, Inc.?
(Use the back of this sheet if necessary)

Schedule Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Personal References

Please list three references (at least one personal, other than a relative, and at least one professional).

Name: _____ Relationship: _____

Address: _____ Phone: _____

Email: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Email: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Email: _____

Thank you for completing the application. Please continue to the Confidentiality Agreement, Felony Conviction Information, and Background Check permission sheets.

CONFIDENTIALITY POLICY
Children's Advocacy Center of Greater West Texas, Inc.

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CONFIDENTIALITY POLICY

Children's Advocacy Center of Greater West Texas, Inc.

I. Introduction:

Children's Advocacy Center of Greater West Texas, Inc. (CACGWT) and its personnel and programs are required to maintain confidential information including personnel records and case files. Any information or materials observed or obtained in connection with working or volunteering at CACGWT is considered confidential. Confidential information includes but is not limited to information about a client's identity, reason for seeking or receiving services, what transpired at any meeting with a client, any information gathered or disclosed at any meeting with a client. Confidential information, materials, and all documentation relating thereto will be kept strictly confidential. CACGWT adheres to state law and confidentiality standards in place by Texas CASA, National CASA/GAL, CACTX, and National Children's Alliance.

CACGWT Personnel include staff, volunteers, and board members. Unless otherwise specified, all policies apply to all CACGWT Personnel. CACGWT Case Files include all cases served by CACGWT and/or all cases to which CACGWT is appointed Guardian Ad Litem. CACGWT Programs include Court Appointed Special Advocates (CASA), Hope House, Family Enrichment Services (FES), Outreach and Awareness. All policies apply to all CACGWT Programs unless otherwise specified.

II. Personnel Requirements:

Work at CACGWT will expose you to personal and confidential information about children, families, and caregivers who are served through a CACGWT Program. Requirements for CACGWT Personnel include:

- Maintain a current, signed acknowledgement of confidentiality policies.
- Sign an acknowledgement of confidentiality policies upon orientation and annually.
- Sign an acknowledgement of confidentiality policies before obtaining access to clients or client information.
- Participate in program-specific training on what constitutes confidential information and how to handle confidential information.
- Return all confidential information that has been gathered or disclosed at the request of the President/CEO or in the event of termination.

III. Handling Confidential Information:

Dealing with confidential information is a daily practice at CACGWT and should be done responsibly and in accordance with the full Confidentiality Policy. The following are organization-wide policies for handling confidential information.

- CACGWT Personnel must maintain the security of all confidential information when in their personal possession, as well as maintain the security of all confidential information when not in their personal possession (i.e., left in car or at home unattended).
- Confidential information, including but not limited to CACGWT Case Files, CACGWT Personnel records, and notes must be secured and kept private and inaccessible to unauthorized persons.
- Confidential information must not leave CACGWT facilities and/or program offices without expressed permission from the program director.
- Confidential information, physical and digital, must be kept out of view and/or locked away.
- CACGWT computers, phones and tablets must be password-protected and locked and/or turned off when left unattended.
- CACGWT computers, phones and tablets are protected by anti-malware, anti-virus, and offsite cloud backup installations that run continuously.
- CACGWT Programs or Personnel shall not share, except as state law or court order allows the following:
 - o Child's full name
 - o Child's location and/or placement
 - o Child's history of abuse and/or neglect
 - o Child's social services records
 - o Child's law enforcement records
 - o Child's school records
 - o Child's court or probate records
 - o Child's medical, mental health, or drug or alcohol treatment records
 - o Any relevant records related to the child served and/or appointed Guardian Ad Litem
- Please see Transmitting Confidential Information section for transmission policies.

IV. Managing Confidential Information:

Confidential information should be managed by authorized personnel day-to-day with respect and integrity. General management practices include:

- CACGWT Programs must utilize and maintain confidential information in the program's respective digital database system.
- Physical paper files of any client confidential information will not be maintained unless otherwise specified by the CACGWT Program requirements. Physical paper files will only be maintained for CACGWT Personnel records.
- Any physical paper files received should be uploaded to the appropriate digital database system then disposed of properly. (See transmission policies in next section.)
- The CACGWT Program's digital database system will perform daily backups.
- CACGWT Personnel must be authorized to view and manage confidential information based on their role with CACGWT.

- Confidential information is not to be shared or disposed of outside of the conditions allowed in the Confidentiality Policy.

Case Files:

- CACGWT Case Files are considered and treated as the official files of record.
- CACGWT staff will be responsible to upload case information (court documents, contacts, other documents) as soon as possible following receipt of documents / contact; and no later than 5 business days after the receipt / contact
- Volunteers are allowed access only to the cases they serve; access is revoked immediately upon dismissal of the volunteer, or once the case assessment is complete following case closure

Personnel Records:

- Complete personnel records for volunteers, staff and board members, per Texas and National standards, are kept in a secure, locked location
- CACGWT will maintain a physical personnel record for each staff member that contains sensitive information not appropriate for storage in the online database (performance evaluations, disciplinary actions, IRS records, etc.); these records are kept in the Chief Operations Officer's locked office

Finance and Administration:

- All transactions must have supporting documentation and kept as physical files in the Chief Operation's Officer's locked office
- Administrative policies are maintained electronically and updated/approved annually.

V. Transmitting Confidential Information:

CACGWT Personnel may be responsible for transmission of confidential information physically with paper files, electronically, and/or orally recounting. CACGWT Personnel must maintain confidentiality in all communications including:

Printing, Copying, and/or Disposing:

- Monitor the printer when printing confidential documents.
- Do not leave print jobs unattended.
- Remove all confidential documents from the copy machine. In the event of a jam, make sure all confidential papers are removed.
- Shred confidential documents at the office and refer to retention policies.

Conversing via Phone:

- Close doors during confidential conversations.
- All Conference Calls where confidential information may be discussed must be conducted behind closed doors.
- Individuals must be careful what they say when leaving voice mail messages that may contain confidential information.

- Be discrete in communications with others to ensure that unauthorized disclosure does not occur.
- Use CACGWT-issued phones for any transmission of confidential information.

Texting:

- Text messaging is not a secure way to relay confidential information. Never text confidential information on a personal phone, computer, or tablet.
- If discussing case-related information via text on a CACGWT-issued phone, you must conceal the identity of any individuals being discussed. For example, use initials instead of full names.
- CACGWT Personnel should make every effort to avoid texting confidential information.

Mailing:

- Confidential mail sent by regular mail or courier must be sent in sealed envelopes and marked "Confidential".
- Certified Mail slips are available and can be used to record receipt of confidential information.

E-Mailing:

- CACGWT Personnel (excluding Board Members) will be assigned an Outlook/Office365 profile and email address to be used for transmission of confidential information.
- Before sending any confidential information via email, CACGWT Personnel must make sure the intended recipient is the sole user of the address.
- Discretion must be used when sharing confidential information by email.
- The following confidentiality notice must be included on all emails from CACGWT Personnel (excluding Board Members):
 - o CONFIDENTIALITY NOTICE: This email communication and any attachments may contain confidential and privileged information for the use of the designated recipients named above. This transmission is strictly confidential. If you are not the intended recipient of this message, you may not disclose, print, copy or disseminate this information. If you have received this in error, please reply and notify the sender (only) and delete the message. Unauthorized interception of this email is a violation of federal criminal law.

Faxing:

- When faxing confidential information, make arrangements for the recipient to be available to monitor the fax machine and retrieve the document.
- Verify all fax numbers prior to sending information by facsimile and include the notice of confidentiality with all faxes:
 - o CONFIDENTIALITY NOTICE: This transmission is intended only for the addressee shown above. It may contain information that is privileged, confidential or otherwise protected from disclosure. Any review, dissemination, or use of this transmission or any of its contents by persons other than the addressee is strictly prohibited. If you have received this message in error, please contact us immediately upon receipt.

File Transfer:

- Transmission of electronic confidential information includes secure File Transfer Protocol (FTP), or a standard communication protocol used for the transfer of computer files from a server to a client on a computer network, per HHSC requirements or encryption. All electronic data transfer and communications of Confidential Information shall be through secure systems.

VI. FBC Data and DPS Secure Site:

Only authorized users of ABCS and FBC have access to view actual background check records; each staff with access use their own log-in information. Background checks are only run once written authorization is received.

Only persons with current DPS personal log-ins will be allowed to access DPS secure site. The DPS secure site will only be accessed via secured VPN and utilizing a private browser, to protect confidentiality of data on the DPS secure site. No DPS secure site data will be printed or kept outside the secure site.

For recordkeeping purposes, staff will enter the date the DPS check was conducted, and email proof of subscription to rap-back in individuals' personnel files. The DPS check date shall be listed in the personnel file as "Background Check."

VII. Breaches of Confidentiality:

Any reported or discovered breach of confidentiality must immediately be documented through an incident report and appropriate notification to all relevant parties.

Investigation

CACGWT staff and volunteers are required to report a breach of confidentiality they are responsible for or a breach of confidentiality that they are aware of. An incident report must be started within the first consecutive clock hour of discovery. A full and complete investigation shall be immediately conducted upon discovery committing all necessary and appropriate staff and resources to expeditiously respond, report and notify appropriate parties. Depending on the CACGWT Program involved in the breach, Texas CASA and/or CACTX will be notified within 24 hours and in writing of the breach with all known information at that time.

Disciplinary Action

The decision to take disciplinary action as a result of the investigation will be one that is appropriate to stop and deter future confidentiality violations. Program leadership will assure disciplinary policies are followed and act consistently in the responses to any breach. The accused will be notified of the outcome of the investigation.

Incident Report

The incident report will include details of the discovery, the outcome of the investigation, steps identified and taken with regard to disciplinary action, the date of notices, steps identified and

taken to protect individuals from potential harm, and steps identified and taken with regard to changes in policy and/or practice.

Breach Notifications:

CACGWT Board of Directors and Texas CASA and/or CACTX, depending on the CACGWT Program involved in the breach, will be notified in writing no later than 5 p.m. on the second business day following discovery. Notification will include the following:

- a) The date the breach occurred
- b) The date of discovery
- c) A brief description of the breach, including how it occurred and who is responsible
- d) A brief description of the investigation and the status of the investigation
- e) A description of the types and amount of Confidential Information involved
- f) Identification of and number of all individuals reasonably believed to be affected, including first and last name of the individual and if applicable, the Legally authorized representative, last known address, age, telephone number, and email address if it is a preferred contact method
- g) Initial risk assessment of the Breach demonstrating whether individual or other notices are required by applicable law or this DUA for HHS approval, including an analysis of whether there is a low probability of compromise of the Confidential Information or whether any legal exceptions to notification apply. A list of other notices given (ex: CPS)
- h) Provision of notifications, credit protection, claims monitoring, and any specific protections for a Legally Authorized Representative to take on behalf of an individual with special capacity or circumstances
- i) The steps taken to mitigate the harm or potential harm caused (including without limitation the provision of sufficient resources to mitigate)
- j) The steps taken, or to be taken, to prevent or reduce the likelihood of recurrence of a similar Breach
- k) Identification of the persons, Workforce, or individuals and any law enforcement that may be involved in the Breach
- l) A reasonable schedule for regular updates regarding response to the Breach, but no less than every three (3) business days, including information about risk estimations, reporting, notification, if any, mitigation, corrective action, root cause analysis and when such activities are expected to be completed

VIII. Confidentiality Agreement

I agree to adhere to all aforementioned policies regarding confidential information, CACGWT Case Files, and CACGWT Personnel records. I accept full responsibility to maintain and respect the confidential and private nature of all records and information.

I agree that I shall hold in confidence all pertinent information relating to the individual cases and clients to which I encounter. I will not violate the confidential relationships between the CACGWT, its volunteers, participating and related agencies, courts and any and all parties present at the Advocacy Center.

I agree to return all information that I have gathered, together with any printed matter or notations relevant to all cases and/or clients to which I have worked with, at the request of the President and CEO or designated staff member, or if my service to the CACGWT terminates.

I understand that I am personally responsible and liable for any violation of this agreement. I agree to conform to the rule and regulations by Children’s Advocacy Center of Greater West Texas, Inc. to the best of my ability.

I agree to respect my role as CACGWT Personnel and to treat confidentiality with the appropriate urgency and importance.

Signature

Date

Name

Chief Executive Officer

Date

Name

Felony Conviction Information

Children's Advocacy Center of Greater West Texas, Inc. works in conjunction with law enforcement, state and county agencies involved in the legal process. Therefore, we are required to have our employees and volunteers complete this "Felony Conviction Information" form.

1. I have _____ have not _____ been convicted, within 10 years preceding this date, of a felony or misdemeanor within the prohibited class or felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substance Act.

If your answer is affirmative, please give details; include date, place, nature of conviction and disposition.

2. I am _____ am not _____ currently under the indictment or charged in an official criminal complaint accepted by a district or county attorney with a felony misdemeanor within the prohibited classes.

If your answer is affirmative, please give details; include the types of charges.

3. I have _____ have not _____ ever been prohibited *from* serving in any capacity as an employee or volunteer with any organization or agency working with children.

If your answer is affirmative, please give details; include the date, name of organization and address.

Felony Conviction Information 2-2-2

4. 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; include the date, name of organization and address.

I have read this form in its entirety and understand that the information may be verified by Children's Advocacy Center of Greater West Texas, Inc. and that the inclusion of any false information or the omission of any requested information is just cause for immediate termination of employment/volunteering with Children's Advocacy Center of Greater West Texas, Inc.

I agree to inform Children's Advocacy Center of Greater West Texas, Inc. if this information changes at any time during my employment/volunteering.

Signature

Date

Permission to Check References/Records

I hereby give permission to Children's Advocacy Center of Greater West Texas, Inc. to inquire about my qualifications and/or character. I understand that the information requested below will be used for the purpose of a reference/records check and that this check may be made by phone or in writing and will include present and past employers, volunteer organizations, personal reference and Department of Human Services and police records. The results of the records check will be kept confidential and the only information in center files will be whether I have been approved or not.

Please Print.

First Name: _____ Middle Name: _____ Last Name: _____

Previous Name(s) Used: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Driver's License Number: _____ State of Issuance: _____

Employer: _____ Occupation/Title _____

How long have you worked for this employer? _____

Work Address: _____ City: _____ State: _____ Zip Code: _____

Marital Status: Single Married If married, provide spouse's information below.

Spouse's Name: _____ Date of Birth: ____/____/____

Child(ren)'s Name: _____ Date of Birth: ____/____/____

_____ Date of Birth: ____/____/____

_____ Date of Birth: ____/____/____

Signature

Date

Witness Signature

Date

FOR OFFICE USE ONLY: *Approved* *Not Approved* *Initials:* _____ *Date:* _____

FBI Fingerprint Background Checks

(All information on this form must be provided and legible.)

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: ____/____/____ Gender: ____ Height: ____ Weight: ____

Hair Color: _____ Eye Color _____

Place of Birth (city, county, and state): _____

Citizenship Country: _____

Ethnicity: _____

Driver's License #: _____ State of Issuance: _____ Class: _____

Employer Name: _____ Employer Phone: _____

Employer Address (street address, city, and state): _____

Please provide three (3) days and times between 8:00 am - 4:00 pm that you would be available to have your fingerprint appointment. We will get your appointment as close to your request as possible.

Date: ____/____/____ Time Range: _____ - _____

Date: ____/____/____ Time Range: _____ - _____

Date: ____/____/____ Time Range: _____ - _____



REQUEST FOR CENTRAL REGISTRY AND CRIMINAL HISTORY BACKGROUND CHECKS

Purpose: Representatives of Big Brothers and Big Sisters of America and Children's Advocacy Centers of Texas use this form to request the following background checks for potential and current volunteers, employees, and board members:

- A criminal history background check from the Texas Department of Public Safety (DPS).
- A child abuse and neglect Central Registry background check from the Texas Department of Family and Protective Services (DFPS).

Directions: The subject of the background check completes the following sections:

- *Section 1: Personal Information*
- *Section 3: Previous Places of Residence*
- *Section 7: Signatures*

The designee must do the following:

- Make sure the subject of the background check provided complete and accurate information in Sections 1 and 2 and signed and dated Section 7. The designee verifies the information by viewing official documents provided by the subject of the check, such as a driver's license or Social Security card.
- Complete *Section 4: Designee*.
- Enter the background check for the subject of the request in the Automated Background Check System (ABCS) for the associated account.

For additional questions, contact Background Checks at the following:

Email: CACTXBGCREQUEST@dfps.state.tx.us

Mail: DFPS Background Checks M/C 121-7; PO BOX 149030, Austin, TX 78714-9030

Fax: 512-339-5831

SECTION 1: NAME		
First Name:	Middle Name: <input type="checkbox"/> No Middle Name	Last Name:
Have you ever used any other first, middle, or last names (such as a nickname, a married or maiden name, or a different spelling for your name)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered <i>Yes</i> above, you must list every other name you have used.		
OTHER FIRST NAMES	OTHER MIDDLE NAMES	OTHER LAST NAMES



SECTION 2: OTHER PERSONAL INFORMATION

Home Street Address:		City:	State:	Zip Code:
County of Residence:		Date of Birth:		Phone Number:
Social Security Number (if no SSN, provide alternate document name and ID number)		Driver's License Number and State:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander		

SECTION 3: PREVIOUS PLACES OF RESIDENCE

Have you lived outside the state of Texas in the past two years?
 Yes No

If you answered Yes above, list each place you lived outside of Texas within at least the past two years. Provide the complete address and the dates you lived there (continue on the back as needed).

FULL ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE)	DATES (MM/YYYY – MM/YYYY)

SECTION 4: DESIGNEE

Full Name:	Email Address:
Name of the Organization the Designee Represents:	



SECTION 5: NOTE TO THE SUBJECT OF THE BACKGROUND CHECK

A person is listed in the DFPS Central Registry when all the following occur:

- The person has been investigated for child abuse or neglect by Child Protective Services (CPS), Child Care Investigations (CCI), or HHSC Provider Investigations.
- The investigation resulted in a disposition of *Reason to Believe* for CPS and CCI cases or *Confirmed and Validated* for HHSC Provider Investigations cases.
- The person is listed as a designated perpetrator or sustained perpetrator.

Cases involving adult victims are not included in the DFPS Central Registry.

In addition, a person will not clear the Central Registry check if that 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 end of the investigation to determine whether the person has been listed as a designated perpetrator on the DFPS Central Registry.

As the subject of this background check request, you have the right to review the results of this check. If the Central Registry identifies you as a person who has been found to have abused or neglected a child, DFPS only sends the results directly to you by mail or email. You have the option to share these findings with the organization listed above (see Section 3).

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

Information about unknown dispositions may not be current. If the results returned from DPS include an unknown disposition or to dispute the criminal history record, visit the [DPS Criminal History Error Resolution](#) webpage for more information on how to update the criminal history record.

SECTION 6: PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).

SECTION 7: SIGNATURE

Only the subject of the background check can sign this form.

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 organization listed in Section 3.

I agree to update the organization of any changes to the information above.

I give permission to the organization listed in Section 3 to request a Central Registry child abuse and neglect background check and a DPS criminal history background check, as well as any subsequent checks so long as I am active with that organization.

I authorize DFPS to send the results of this background check via email, and I acknowledge that DFPS cannot guarantee that information sent 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.

By law, any information obtained through DFPS is confidential information and is personal in nature. I understand that I may have access to or may view confidential and sensitive information. I will not disclose confidential information to other people and under no circumstances will I intentionally access confidential information for any purpose other than in the performance of my assigned job duties.

Signature: X	Date Signed:
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CRIMINAL OR ABUSE/NEGLECT HISTORY FOR APPLICANTS, EMPLOYEES, OR VOLUNTEERS OF DFPS CONTRACTORS AND SUBCONTRACTORS

Purpose: Use this form to disclose the criminal and abuse or neglect history for each contractor's employee, subcontractor, or volunteer who will be involved in direct delivery services with DFPS clients under a contract or who will have access to personal DFPS client information.

Directions: To complete this form, fill in the fields with the required information. Attach additional pages if necessary. If the contractor submits the background check request directly through ABCS, the contractor must maintain the original document in the personnel record along with the results. If the contractor submits this form to the DFPS contract manager for submission through ABCS, the contractor must maintain a copy of this form in the personnel record along with the results.

REQUIRED INFORMATION

1. Have you ever been convicted of a felony or misdemeanor as an adult or juvenile? This includes offenses to which you have pleaded guilty or no contest resulting in a deferred adjudication that has not yet been completed.

Yes

No

If yes, give details including the date, location, and nature of the offense as well as the disposition for each incident.

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor?

Yes

No

If yes, give details including the date, location, and nature of the offense for each incident.

3. Have you been or are you currently being investigated for allegedly abusing, neglecting, or exploiting a child, a person who is elderly, or a person with disabilities?

Yes

No

If yes, give details including the date, location, and nature of the situation as well as the disposition (if applicable) for each allegation.



PRIVACY STATEMENT

DFPS values your privacy. For more information, read our privacy policy online at:
www.dfps.state.tx.us/policies/privacy.asp.

SIGNATURE

I declare that the information provided on this form is true and correct. I understand that any misrepresentation or omission of the information requested may result in my being barred from providing direct services or accessing DFPS client records under a contract with DFPS.

I also agree to inform the contractor within 10 days if I am named in complaints, indictments, or convictions of offenses as described in items 1 and 2 above, or if I am investigated as described in item 3 of this form. The contractor must then notify the contract manager of this information.

I grant permission to this contractor to request a DFPS Abuse/Neglect check, a Texas Department of Public Safety criminal history check, and (if applicable) a Federal Bureau of Investigation criminal history check using my identifying information.

I consent to DFPS's disclosure of any and all information, including confidential information, obtained from the above-referenced sources to the contractor listed below in order to facilitate my employment, subcontracting, or volunteer service with such contractor.

Printed Name of Person Completing Form:

Signature of Person Completing Form:

Date Signed:

Contractor's Name:

Agency Account ID #: