

Texas Center for Arts and Academics
Volunteer Application and Affidavit

SECTION ONE: VOLUNTEER INFORMATION

School Year: _____

Full Name: _____

Cell Phone: _____ Work Phone: _____

Current Address: _____ City, St _____ Zip _____

Email: _____

SECTION TWO: VERIFICATION & CONSENT

I understand I am applying to become a volunteer for the Texas Center for Arts and Academics. As part of the application process, I will be required to undergo a criminal history background check and make the following certifications. All information will be reviewed by the School's designee to either approve or deny my application. I understand the School has the right to investigate any and all information provided to verify its authenticity.

Please attach a brief explanation for any circumstances arising from the questions below that you are unable to initial. I hereby certify that none of the listed conditions have occurred by initialing each of the following:

_____ I have never been the subject of any child abuse investigation by any employer.

_____ I have never been the subject of any sexual misconduct investigation by any employer.

_____ I have never been the subject of any child abuse investigation by any government licensing agency.

_____ I have never been the subject of any sexual misconduct investigation by any governmental licensing agency.

_____ I have never been the subject of any child abuse investigation by any law enforcement agency.

_____ I have never been the subject of any sexual misconduct investigation by any law enforcement agency.

_____ I have never been the subject of any child abuse investigation by any other agency or institution charged with identifying child abuse and/or sex crimes.

_____ I have never been the subject of any sexual misconduct investigation by any other agency or institution charged with identifying child abuse and/or sex crimes.

Texas Center for Arts and Academics
Volunteer Application and Affidavit

SECTION THREE: SIGNATURE

I understand that falsification of a document related to school records is a criminal offense under Section 37.10, Penal Code.

Signature of (Volunteer) Affiant

Typed or Printed Name of Affiant

STATE OF TEXAS

COUNTY OF _____

SUBSCRIBED AND SWORN TO ME on this, the ____ day of _____, 20____.

(month) (year)

Signature – Notary Public, State of Texas

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

A color copy of the front side of your drive license will also be needed.

Thanks.