

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.

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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 may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.dps.texas.gov/Crime Records Information/Review of Personal Criminal History](http://www.dps.texas.gov/Crime_Records_Information/Review_of_Personal_Criminal_History) 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

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 per audit cycle	

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

Thanks.