



VOLUNTEER AND INTERN BACKGROUND CHECK REQUEST FORM

Purpose: Use this form to authorize the Texas Department of Family and Protective Services to run the necessary background checks.

Directions: The volunteer or intern completes this form and returns it to their Faith-Based and Community Engagement (FBCE) Contact.

SECTION 1: DFPS SPONSOR INFORMATION

Will the subject of this background check have access to a laptop, phone, or any other device that is capable of accessing unencrypted Criminal Justice Information?

Yes (If yes, be sure to complete all of Sections 2-4 also.) No

SECTION 2: SUBJECT OF THE BACKGROUND CHECK

Please enter N/A for items that are not applicable.

First name:	Middle name: <input type="checkbox"/> No middle name	Last name:
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Other names or spellings used (married, maiden, alias, other) – First, Middle, Last:

No other names

Home address (number and street):	City:	State:	ZIP code:
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County of residence:	Date of birth:	Phone number:
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Social Security number:	Driver license number and state:
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race: <input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander
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SECTION 3: PREVIOUS PLACES OF RESIDENCE

Have you lived outside Texas in the past two years?

Yes (If yes, be sure to complete this section as well as section 4.) No

List the complete addresses of other places you have lived and the dates (month and year) you lived there. Include information for a minimum of the past ten (10) years. Continue on the back if needed.

Full address (include city, state, and ZIP code):	From (MM/YYYY):	To (MM/YYYY):
Full address (include city, state, and ZIP code):	From (MM/YYYY):	To (MM/YYYY):
Full address (include city, state, and ZIP code):	From (MM/YYYY):	To (MM/YYYY):
Full address (include city, state, and ZIP code):	From (MM/YYYY):	To (MM/YYYY):

SECTION 4: FINGERPRINT CHECK

If any of the questions in Section 1 are answered "Yes," or you have lived outside Texas in the past two years (see Section 3), an FBI fingerprint check is required. Provide either your email address or phone number.

Note: You will receive electronic instructions for scheduling your fingerprinting appointment. If you do not provide an email address, you must contact the Background Check unit at ExtACCBGC@dfps.texas.gov to get the required information.

Preferred method of contact for scheduling fingerprint appointment:

Email:

Phone number:

SECTION 5: PRIVACY STATEMENT

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



SECTION 6: SIGNATURE ACKNOWLEDGEMENT

- I understand that I am requesting access to DFPS clients and resources, and this access requires criminal history and DFPS abuse and neglect background checks. I authorize DFPS to complete these background checks.
- I understand that background checks are conducted annually for non-DFPS staff. I authorize DFPS to conduct a criminal history and DFPS abuse and neglect check each year that I have access to DFPS clients and resources.
- I authorize DFPS to run an FBI criminal history check, which requires fingerprinting, if my role will have access to a laptop, phone, or any other device that is capable of accessing unencrypted Criminal Justice Information, or if I have lived outside of Texas within the last two years.
- I understand that I have the right to contest the information found in my criminal background checks.
- I understand that children in DFPS care have experienced trauma in their lives.
- I understand that if I am to have contact with children in care, I must be screened for tuberculosis as provided in 26 Texas Administrative Code §749.1417.

To schedule a tuberculosis screening, contact your local clinic. Once you have received the results, please share them with your DFPS main point of contact.

- 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.
- I understand that signing this Electronic Signature Acknowledgement section is equivalent to my handwritten signature and legally binding. When I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding. I acknowledge and warrant the truthfulness of the information provided in this document.

Signature: X	Date signed:
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VOLUNTEER AND INTERN CONFIDENTIALITY AGREEMENT

Purpose: This form is used to record the volunteer's agreement to keep all client information confidential.

Directions: To complete this form the volunteer reads the information and signs his or her name. For questions, contact the Volunteer Coordinator.

CONFIDENTIALITY STATEMENT

As a volunteer for the Texas Department of Family and Protective Services, I understand:

- I am not permitted to take or share photographs of DFPS clients, unless otherwise approved by DFPS;
- Any information, including client identities and case details, obtained while I am volunteering with DFPS must not be discussed or disclosed to any person, other than current DFPS employees and volunteers, and then only on a strict need-to-know basis within the scope of the volunteer placement.

I also UNDERSTAND the disclosure of confidential information may be considered a violation of law subject to criminal penalty under both the Texas Open Records Act, §552.352 Government Code and/or §40.005(e) Human Resources Code

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our Privacy and Security Policy.

SIGNATURES

I have read this confidentiality statement fully, I understand what it means, and I am signing it freely and voluntarily.

Signature of Volunteer:

X

Date Signed:

Printed Name of Volunteer:

X

Date Signed: