

James L West Center for Dementia Care

Volunteer Application

Date _____

Name _____

Address _____

City _____

Zip Code _____

Home Phone _____ Cell Phone _____ Business Phone _____

Employer _____

Name of School (if applicable) _____

Email Address _____

Previous Volunteer Experience:

Why are you interested in being a volunteer?

Special Training or Education?

Do you have any talents or hobbies you would be willing to share in your work as a volunteer?

How did you hear about the program?

What days and times are you available to work?

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT APPLICATION DISCLOSURE

It is the policy of James L West Center for Dementia Care to promote an environment in which residents who receive volunteer services can expect to do so in a safe environment. Therefore, a criminal background screening will be completed on all those who volunteer at the West Center.

Please list below all the states and counties of residence for the past five years.

City/Town	County	State	Dates From	To

The information contained in this application is correct to the best of my knowledge. I hereby authorize James L West Center for Dementia Care and its designated agents and representatives to conduct a review of my background. I understand that my role as a volunteer is conditional until a background check is completed.

Social Security Number _____

Date of Birth _____

Applicant's Signature _____

Date _____

JAMES L. WEST CENTER FOR DEMENTIA CARE

Volunteer Service Statement and Agreement

This is a legal document. Please read it carefully before signing.

I make this Statement and Agreement in order to provide, and to be authorized to perform, volunteer services to the James I. West Center for Dementia Care (the Center).

The specific nature and scope of these services shall be arranged between me and the Director of Programming of the Center.

In consideration of the opportunity afforded to me to perform the above referenced volunteer services, I hereby agree as follows:

- I will perform the volunteer service in compliance with the standards and specifications established, or approved, by the Center.
- I shall be punctual and conscientious; conduct myself with dignity, courtesy, and consideration of others; and endeavor to make my work professional in quality.
- I shall make my best effort to fulfill my commitment to the Center by completing all volunteer assignments that I accept.
- I shall attempt to resolve any problems related to my volunteer assignment with my supervisor and the Director of Volunteer Services.
- I shall hold as absolutely CONFIDENTIAL all information that I may obtain directly or indirectly concerning residents and/or participants, doctors, or staff.
- I shall not solicit my political or religious beliefs to residents and/or participants and/or their families.
- I understand that it is a violation of the Center policy to solicit business or act as an agent for outside business or to solicit business from resident's families or staff.
- I shall not sell or attempt to sell goods or services, request contributions, or solicit persons to sign or distribute political petitions on Center property, unless I receive the express authorization of the Director of Volunteer Services to engage in such activities.
- I know of no reason, medical or otherwise, which would prevent me from performing the tasks required.
- I have acquainted myself with what is required to perform those tasks, and represent that I have the skill and ability to perform them.

- I understand I am not an employee of the Center and that no workers' compensation or medical insurance benefits are provided to me.
- I understand that the Volunteer Services Department reserves the right to terminate my volunteer status as a result of: (a) failure to comply with Center policy; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; (d) any other circumstances which in judgement of the department director would make my continued service as a volunteer contrary to the best interest of the Center.
- I am aware that in connection with my volunteer activities at the Center I may be exposed to bodily injury or damage to my personal property. With full knowledge of the potential risks involved, I, on behalf of myself, my heirs, and my representatives do hereby release, indemnify, and hold harmless the Center or any of its officers, agents, or employees from any and all liability, damage, or claims of any nature that arises out of or related to my volunteer activities.

I have read each of the above conditions and agree to be bound by them.

Volunteer Signature

Date

Parent/guardian signature if volunteer under 18 yrs of age

Date

Center Witness

Date

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	