



Required Volunteer Paperwork

Short-Term Volunteers Not Interacting with Children: submit pages 4-7

Frequent Volunteers Not Interacting with Children: submit pages 2-7, copy of social security card, copy of driver's license

All Volunteers Interacting with Children: submit all pages, copy of social security card, copy of driver's license

Contact Volunteer Coordinator Emma Wood with questions at
ewood@childshome.org or (806)762-0481 ext. 211

CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

Purpose: This form may be used to request background checks required by Texas Administrative Code (TAC) §745.615. You can also submit background check requests through HHSC's [Child Care Provider website](#). See the chart below for instructions based on operation type for submitting background check requests.

IF	THEN
You are applying for a permit	You must send your background check request form along with your application to your local licensing office.
Your operation is a licensed child-care center, school-age program, before- or after-school program, or residential care provider	Your operation must submit background check requests via HHSC's Child Care Provider Page .
Your operation is a licensed child-care home, registered child-care home, or listed family home	Your operation may submit background check requests via HHSC's Child Care Provider page, fax the background check form to 512-339-5871, or mail the background check form to: HHSC, Centralized Background Check Unit, P.O. Box 149030, Mail Code: 121-7, Austin, TX 78714-9030.
You are an exempt operation submitting background check requests only	You may submit your background check requests to the following mailbox: CBCUExemptBGC@dfps.state.tx.us

Directions: Complete the following information for each person required to have a background check. Additional forms may be downloaded from the DFPS website at http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp.

OPERATION INFORMATION

Operation Name:	Operation Number:	Operation Telephone Number:
Operation Address:	Operation Mailing Address:	County:

VERIFICATION SIGNATURES

I verified **(by reviewing the person's Social Security card or driver license)** that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge. I understand that HHSC may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration, or listing.

Printed Name of Director, Owner, or Operator:	Signature of Director, Owner, or Operator: X	Date Signed:
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INDIVIDUAL'S IDENTIFYING INFORMATION

<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse	
First Name:		Middle Name:		Last Name:
List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results:				
Other First Names:		Other Middle Names:		Other Last Names:
Street Address:		City:	State:	Zip Code:
County:	Telephone Number:		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years:				
Ethnicity (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander		
Social Security Number:		Photo ID Type: <input type="checkbox"/> Driver License: Number: State: <input type="checkbox"/> State ID:		Date Hired or Used by the Operation or Agency:
Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment: <input type="checkbox"/> Email: <input type="checkbox"/> Telephone Number:				
Relationship of person to requestor: <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Foster Parent <input type="checkbox"/> Household Member <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Other Staff <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:				
For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s) <input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Unrelated				
Will this person be paid or is this person currently paid by the operation in the role selected? <input type="checkbox"/> Yes <input type="checkbox"/> No				

The following pages are additional Individual's Identifying Information sheets for use when submitting more than one individual's background check

STATEMENT OF CONFIDENTIALITY

By signing below, I agree to the following Statement of Confidentiality:

ALL employees, on campus subcontracting therapists, consultants, student interns, volunteers acting as staff, or sponsors are directed to hold in confidence all information obtained in the course of professional services and maintain confidentiality regarding the children of this agency. Confidential information regarding the children should not be shared with the media including the Internet and any personal web pages or blogs.

Signature

Date

REPORTING CHILD ABUSE AND NEGLECT STATEMENT

It is the responsibility of all staff and volunteers of the Children's Home of Lubbock to report child abuse and neglect or threatened abuse and neglect of any child in the care of this agency. Threatened abuse and neglect mean there is a substantial risk of abuse or neglect including any reasonably foreseeable harm to the child.

ABUSE is the non-accidental infliction or threat of infliction of physical, emotional or mental harm to a child by a person responsible for the child's health or welfare. Examples include burns, bruises, fractures, sprains, shaking, welts, poisoning, exposure, confinement, exploitation, and starvation.

SEXUAL ABUSE is any sexually oriented act or practice by a person responsible for the child's health or welfare that threatens or harms the child's physical, emotional, or social development. Examples include fondling, sexual intercourse, sodomy, incestuous family relationships, prostitution, rape, sexual exploitation, sexual molestation, or sexually oriented talk with children.

NEGLECT is the non-accidental failure or threatened failure to provide a child with the physical, medical, or emotional requirements for life, growth and development by a person responsible for the child's health or welfare. Examples include inadequate food, inadequate housing and clothing, lack of needed medical attention, abandonment, lack of supervision or guidance, and inadequate hygiene.

EXPLOITATIONS

What should you do when you suspect child abuse or neglect?

1. **Immediately** report suspected abuse to Vickie Russell, 632-0140; Jimmy Moore, 535-8161; or On Call Staff 544-6826. The law requires that you make a report if you have reason to believe or suspect that abuse or neglect has occurred.
2. Tell the child you believe him/her and offer comfort and assurances. It is not your job to prove or decide if abuse has taken place. That is up to the CHL administrators, CPS, law enforcement, and the courts.
3. Protect the child. If the child is in danger of physical harm and needs protection, call Vickie Russell at the above number or at the office number, 762-0481, during business hours.

Reports can be made online at txabusehotline.org or over the phone at **1-800-252-5400**. Urgent reports should be made via phone call if there is an immediate risk of abuse or neglect that could result in death or serious harm.

All children are protected from child abuse and neglect in the state of Texas by the Children's Protective Services. If you suspect any child who is not in the care of the CHOL is subject to child abuse, sexual abuse, neglect or exploitation contact CPS through their 24-hour toll-free number, **1-800-252-5400**.

**REPORTING CHILD ABUSE AND NEGLECT
RESPONSIBILITIES OF STAFF AND VOLUNTEERS
OF The Children's Home of Lubbock**

I have read the information and instructions regarding reporting of child abuse and neglect. I understand this and agree to abide by these instructions.

NAME

DATE

TB TEST FORM

In order to be a frequent visitor or in contact with kids at the Children's Home of Lubbock, a Tuberculosis skin test is required. Please fill out the following information so that our Human Resources Specialist, Leslie Hernandez, can schedule an appointment for you.

Full Name: _____

Email Address: _____

SSN: _____

DOB: _____

TB skin tests are scheduled at:

UMC KingsPark Family Health

7501 Quaker Avenue

Lubbock TX, 79424

(806)788-3306