



Confidentiality Agreement

I promise that I shall hold in confidence all information relating to cases and clients at the Dallas Children's Advocacy Center. I will not violate the confidential relationship between the Dallas Children's Advocacy Center, its clients, staff, interns, volunteers, participating and related agencies, courts and any written information or records from the offices of the Dallas Children's Advocacy Center without the written expressed permission from the President & CEO.

I accept full responsibility for maintaining the confidential and private nature of all records and information after leaving the Dallas Children's Advocacy Center. I understand that I am personally responsible and liable for any violation of this agreement.

Name (Print) _____

Signature _____ Date _____

Witness _____ Date _____

FELONY CONVICTION INFORMATION

The Dallas Children's Advocacy Center works in conjunction with law enforcement, state and county agencies involved in the legal process. Therefore, it is required that all applicants complete this "Felony Conviction Information" form.

1. I have ___ have not ___ been convicted within ten (10) years preceding this date of a felony or a misdemeanor within the prohibited class or felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substance Act.

If your answer is affirmative, please give details; include date, place, nature of conviction, and disposition.

2. I am ___ am not ___ currently under indictment or charged in an official criminal complaint accepted by a district or county attorney with a felony or misdemeanor within the prohibited classes.

If your answer is affirmative, please give details; include the type of charges.

3. I have ___ have not ___ ever been prohibited from serving in any capacity as an employee or volunteer with any organization or agency working with children.

If your answer is affirmative, please give details; include the type of charges.

4. I have ___ have not ___ ever been reassigned, removed or asked to leave any position involving contact with children.

If your answer is affirmative, please give details; include the date, name or organization and address.

I have read this form in its entirety and understand that the information may be verified by the Dallas Children's Advocacy Center, and that the inclusion of any false information is cause for my immediate dismissal from employment or volunteer placement at the Dallas Children's Advocacy Center.

I agree to inform the Dallas Children's Advocacy Center if this Information changes any time during my participation at the Dallas Children's Advocacy Center.

Signature

Date

Print Name

**PERMISSION TO CHECK RECORDS
Dallas Children's Advocacy Center Staff and Volunteers**

This information is collected exclusively for the purpose of conducting a records check of prospective or existing staff or volunteers.

PLEASE PRINT

NAME

Last First Middle Maiden

Birthdate ____/____/____ Sex ____ Race _____

Social Security # ____-____-____ Driver's License # _____

State of Issue _____

Place of Birth _____ County _____

CURRENT ADDRESS

Street City Zip

PREVIOUS ADDRESS:

Street City Zip

I hereby give permission to the Dallas Children's Advocacy Center (DCAC) to inquire about my records, qualifications, and/or character. I understand that this check may be made by phone or in writing and could include employers, organizations, personal references, law enforcement agencies, and the Texas Department of Family and Protective Services. The results of these records checks will be confidential, and the only information in the DCAC files will be whether or not you have been cleared. I understand that DCAC has the right to periodically check these records as deemed necessary and appropriate and that employees and volunteers must clear these record checks as conditions for continued employment or volunteer service. Failure to be cleared by such checks will result in withdrawal of any employment or volunteer service offer or can result in immediate dismissal.

VOLUNTEER SIGNATURE _____ DATE _____



FOR OFFICE USE ONLY: Approved Not Approved Initials _____ Date _____



REQUEST FOR CHILD ABUSE/NEGLECT CENTRAL REGISTRY AND DPS CRIMINAL HISTORY CHECK

CHIEF OPERATING OFFICER (COO) - CENTRALIZED BACKGROUND CHECK UNIT

Purpose: The purpose of this form is to grant representatives of authorized Volunteer Organizations permission to request, on the behalf of potential and current volunteers, employees, and board members:

- a criminal history check from the Texas Department of Public Safety (DPS) and
- a check from the Texas Department of Family and Protective Services (DFPS) Central Registry of Child Abuse and Neglect.

The authorized volunteer organizations include: Big Brothers and Big Sisters of America, Child Advocacy Centers of Texas, Make-A-Wish Foundation of America and I Have a Dream/Houston. This form is completed by the subject of the background check or a designee.

Directions: The subject of the background check or designee reads and completes Sections 1-5, and submits this form using the instructions below. For questions, call the CBCU Support Line at (800) 645-7549 or email: CACTXBGCREQUEST@dfps.state.tx.us.

A note to Designees: The designee is responsible for ensuring the information provided by the subject in Section 1 is complete and accurate. The information must be verified by viewing official documents provided by the subject of the check, such as a driver's license or social security card.

Instructions: Complete, sign, and submit this form to:

Email: CACTXBGCREQUEST@dfps.state.tx.us

FAX: 512-339-5871

Mail: CBCU Non-Licensing Unit M/C 121-7

PO Box 149030, Austin, TX 78714-9030

Section 1: Subject of the Background Check

The information in this section must be provided by the subject of the background check before the check is conducted. Missing information may result in delays.					
First Name	Middle Name	Last Name			
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
Address	Apt. No.	City	County	State	Zip Code
Telephone Number	Date of Birth	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Social Security Number	
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native				
Driver's License Number:			State of Issuance:		
List any other additional addresses or cities in Texas that you have lived in (continue on back as needed)					
If you would like a copy of these results sent to you, please select the appropriate box.					
<input type="checkbox"/> Email (preferred method): _____					
<input type="checkbox"/> Mail (results will be sent to the mailing address listed above)					

Section 2: Signatures

This section of the form must be signed by the subject of the background check and not the designee.

- I am the person listed above in Section 1 of this form. The information in this document is correct and I am a prospective or current volunteer, employee, or board member of the volunteer organization listed in Section 3. I agree to update the volunteer organization of any changes to the information above.
- I grant permission to the volunteer organization listed in Section 3 to request a Child Abuse/Neglect Central Registry and a Texas Department of Public Service Criminal history check as well as any subsequent checks so long as I am active with that agency.
- I authorize DFPS to transmit the results of this background check via e-mail and I acknowledge that DFPS cannot guarantee that information transmitted electronically is secure and accessible only to approved parties.
- I understand that the information I am providing will be part of any request and that providing false information is a violation of Texas Penal Code Section 37.10.
- I acknowledge that my designee can receive my background check results only as described in Section 5.

Requestor: X	Date Signed:
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Section 3: Designee

DFPS: Send the results of the requested checks to the designee below:

Full Name Becky Aguilar		Email Address baguilar@dcac.org			
Address 5351 Samuell Blvd.	Apt. No. (if applicable)	City Dallas	County Dallas	State Texas	Zip Code 75228

Name of the volunteer organization the designee represents:

Section 4: Note to the Subject of the Background Check

As required by the Texas Family Code 261.002, DFPS maintains a central registry of reported cases of child abuse and neglect. The DFPS Central Registry consists only of information gathered during Child Protective Services (CPS), Child Care Licensing (CCL), and Adult Protective Services (APS) facility investigations of child abuse and neglect in cases that were given a disposition of "reason to believe" for CPS and CCL cases or "confirmed and validated" for APS cases, and the person had a role of *designated perpetrator* or *sustained perpetrator* (**Please Note:** Cases involving adult victims are not included in the DFPS Central Registry).

In addition, you will not clear the Central Registry check if you are involved as an alleged perpetrator in an open child abuse or neglect investigation being conducted by DFPS. A new Central Registry check may be requested at the conclusion of the investigation to determine whether you have been listed as a designated perpetrator on the Central Registry of Child Abuse and Neglect.

As the subject of the request, you have the right to review the results of this check. If Central Registry history is found that identifies you as a person who has been found to have abused or neglected a child, DFPS will only send the results directly to you via mail or e-mail. You have the option to share these findings with the volunteer organization listed above (Section 2).

The criminal history check from DPS will include all Texas-based arrests and dispositions, including both convictions and cases with unknown dispositions. In some cases the search will produce juvenile criminal history results.

Unknown disposition information found may not be the most up-to-date information available. If the results returned from DPS include an unknown disposition, contact the court of jurisdiction and request an official certified copy of the disposition. The official certified copy and an [Error Resolution Form](#) should be sent to DPS at P.O. Box 4143, Austin, TX 78765 in order for the person's criminal history to be updated with DPS.

If you dispute the criminal history returned from DPS you will need to request a personal review by completing the [TXIREVIEW FAST Pass](#) and submitting fingerprints to DPS. To schedule a fingerprint appointment you will need to contact MorphoTrust enrollment services at (888) 467-2080. You will need to take the [TXIREVIEW FAST Pass](#) with you on the date of your scheduled fingerprint appointment.

Section 5: Privacy Statement

DFPS values your privacy. For more information, read our [privacy policy](#).