



# Volunteer Application

(for Disaster Relief situations only)

*The following information is essential to facilitate communication and response in case of an event.*

**Organization/Church Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Mobile Phone** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Evening/Weekend Holiday Contact Information (if different than above)**

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **State** \_\_\_\_\_ **Class** \_\_\_\_\_

**Specialized Skills:**

- MD    RN    LVN    Nurse Practitioner    MSW    LPC    EMT

**Availability:**

**First day available:** \_\_\_\_\_ **Last day available:** \_\_\_\_\_

**Times available:** \_\_\_\_\_ **Days available:** \_\_\_\_\_

Check the appropriate box below for what you would like to volunteer for:

- Shelter Manager
- Assistant Shelter Manager
- Volunteer Coordinator
- Shelter Volunteer
- Feeding Volunteer
- Activities Team Volunteer
- Administrative Assistant Volunteer

**I certify that the answers given by me to the foregoing questions are true and correct without any material or consequential omissions. I further agree that BCFS, or any controlled entity of BCFS, the church, or any controlled entity of the church, shall not be liable in any respect if I am injured in the course of volunteering.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



BCFS HEALTH AND HUMAN SERVICES  
EMERGENCY MANAGEMENT

## BCFS Consent for Criminal Background History & Or Driving Record Check Authorization/Waiver/Indemnity

Each staff member or volunteer who is to be screened must sign an authorization/waiver/indemnity form, giving approval for the Agency and the Volunteer Center to perform the criminal background & or driving records search.

I HEREBY GIVE PERMISSION FOR BCFS TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD THROUGH THE VOLUNTEER CENTER. THE CRIMINAL HISTORY RECORD & OR DRIVING RECORD, AS RECEIVED FROM THE REPORTING AGENCIES, MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATIONS. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART, TO DETERMINE MY ELIGIBILITY FOR AN EMPLOYMENT/VOLUNTEER POSITION WITH THIS ORGANIZATION. I UNDERSTAND THAT AS LONG AS I REMAIN AN EMPLOYEE OR VOLUNTEER HERE, CRIMINAL HISTORY RECORDS & OR DRIVING RECORDS CHECKS MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE DATA COLLECTED A PROCEDURE IS AVAILABLE FOR CLARIFICATION, IF I DISPUTE THE RECORD AS RECEIVED.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY BCFS, AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER, AND ANY AND ALL RELATED ATTORNEYS' FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER/STAFF MEMBER.

(SELECT ONE OR BOTH CHECKS AS NECESSARY)

CRIMINAL BACKGROUND CHECK

DRIVER RECORDS CHECK

Name:
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Street Address:
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City:	State:	Zip:
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Social Security Number:	Date of Birth:
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Driver License #:	State:	Expiration Date:
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Signature:	Date:
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Dept Code to charge: (i.e. 3210, 5045, etc)
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# Confidentiality Statement & Reporting Suspected Abuse, Neglect or Exploitation

## Confidentiality Statement

\_\_\_\_\_ I shall respect the privacy of the people we serve. I shall hold in confidence all information obtained in the course of my volunteer or professional service whether that information is obtained through written records, information from other persons, or interaction with the person.

I will not disclose an individual's confidences to anyone except:

- as mandated by law
- to prevent a clear and immediate danger to a person or persons
- if compelled to do so by a court or pursuant to the rules of a court.

I shall store or dispose of professional records in ways that maintain confidentiality. Upon my termination, I shall maintain guest and co-worker confidentiality, and I shall hold confidential any information about sensitive situations with BCFS or its controlled entities. I understand that violation of this confidentiality statement may be grounds for immediate dismissal.

## Report Suspected Abuse, Neglect or Exploitation

\_\_\_\_\_ The Texas Family Code prohibits the abuse, neglect or exploitation of children and adults. If you suspect that a person residing in a BCFS Shelter is being abused, neglected or exploited, you must report the information to the Department of Family and Protective Services.

If the alleged victim is a **child**, call at 1-800-252-5400.

If the alleged victim is an **adult**, call 1-800-458-9858.

### Abuse:

An intentional, knowing, or reckless act or omission by an employee, volunteer, or other individual working under the auspices of BCFS that causes or may cause emotional harm or physical injury to, or the death of, a guest served by a BCFS shelter.

### Neglect:

A negligent act or omission by an employee, volunteer, or other individual working under the auspices of BCFS, including failure to comply with an individual plan of care that causes or may cause substantial emotional harm or physical injury to, or the death of, a guest served by a BCFS shelter.

### Exploitation:

The illegal or improper use of a guest or of the resources of a guest for monetary or personal benefit, profit, or gain by an employee, volunteer, or other individual working under the auspices of a BCFS shelter.

\_\_\_\_\_  
Signature: Staff or Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature: Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name