

Mental Health Mental Retardation Authority of Brazos Valley

1504 S. Texas Avenue, Bryan, Texas 77802-1015 (979) 822-MHMR FAX (979) 361-9806 Mailing Address: P.O. Box 4588 Bryan, Texas 77805-4588



For a Healthy, Happy Tomorrow

VOLUNTEER/INTERN APPLICATION INFORMATION

PLEASE NOTE:

Texas Administrative Code, chapter 414, Subchapter K, and Texas Health and Safety Code, 250.006, require this center to check conviction records on applicants prior to volunteering with MHMR Authority of Brazos Valley. A conviction is defined as the adjudication of guilt, plea of nolo contendere, or the assessment of probation or community supervision for a violation of the Penal Code. The following convictions make you ineligible for volunteering at MHMR Brazos Valley:

- criminal homicide, murder, manslaughter or criminally negligent homicide
- kidnapping and unlawful restraint
- terroristic threat
- aggravated assault
- sexual assault, aggravated sexual assault
- deadly conduct
- robbery, aggravated robbery
- arson
- money laundering
- obstruction or retaliation
- Medicaid fraud
- *assault that is punishable as a Class A misdemeanor or as a felony within the last five years
- *burglary, false identification as a peace officer, or disorderly conduct within the last five years
- *theft that is punishable as a felony within the last five years
- *misapplication of fiduciary property or property of a financial institution that is punishable as a Class A misdemeanor or felony within the last five years
- *securing execution of a document by deception that is punishable as a Class A misdemeanor or a felony within the last five years
- indecent exposure
- continuous sexual abuse of young child or children
- indecency with a child
- abandoning or endangering a child
- agreement to abduct from custody
- sale or purchase of a child
- online solicitation of a minor
- improper relationship between educator and student
- improper photography or visual recording
- injury to a child, elderly individual or disabled individual
- aiding suicide
- cruelty to animals including livestock animals

A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed above will bar volunteering.

This is not an all-inclusive list, any additional state or federal laws that may bar volunteering are applicable. MHMRABV may determine other criminal offenses for which a conviction may be considered a bar volunteering.

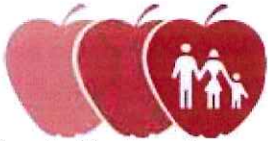
PROCEDURE FOR VOLUNTEERING:

1. Submit completed application
2. Agency will review application and contact applicant within 24 to 48 hours
3. Applicant will complete MHMR Volunteer Training
4. Applicant will be assigned job duties

MHMR CONTACT: Jennifer Mack 979-821-9444

Sue Salmi 979-361-9825 or Shock Bowser 979-822-6467

Revised 05/2013



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Date Received _____
 Criminal History _____
 Training Date _____
 Placement _____

FOR OFFICE USE ONLY

MHMR Authority of Brazos Valley Application for Volunteer Services

NAME _____ DATE OF BIRTH ____ / ____ / ____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 HOME PHONE _____ CELL PHONE _____
 EMAIL ADDRESS _____
 REASON FOR VOLUNTEERING ____ INTERN ____ VOLUNTEER ____ COMMUNITY SERVICE
 PROBATION OFFICER _____ HOURS REQUIRED: _____
 OTHER _____

IF AN INTERN PLEASE COMPLETE THE FOLLOWING:

Name of School/College/University _____ Major/Area of Study _____
 Name of Instructor/Advisor _____ Credit: Class Internship

Do you speak any language other than English? Yes No If yes, please list: _____

Do you have a specific skill, talent or hobby you want to share as part of your volunteer position? _____

Please list two emergency contacts:

NAME _____ PHONE _____
 NAME _____ PHONE _____

I agree to conform to MHMR Authority's Volunteer Services policies and procedures to the best of my abilities. I will respect the client's rights to confidentiality and will not discuss anything of a confidential nature with anyone other than the appropriate MHMR staff member. ALL THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Volunteer/Intern _____ Date _____

Signature of MHMRABV Official _____ Date _____

In the table below, fill in the time(s) you are available to volunteer:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING					
AFTERNOON					
EVENING					

Available start date: _____ End date if applicable: _____

Brazos Valley MHMRA is committed to the concept of equal volunteer opportunity. No volunteer shall be excluded from participation in, be denied the benefits of, or be subject to discrimination under any of the policies of Brazos Valley MHMRA or any of its component facilities based on: race, color, national origin, religion, gender, handicap, veteran status, or political affiliation.

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The attached DPS (Department of Public Safety) computerized CCH (Criminal History Check) form is a state generated form that cannot be changed or altered. The DPS form is required for **ALL** volunteer applicants to obtain a computerized criminal history background check. This form is also required for any volunteer applicant whose position will require the FBI fingerprint background check, or for an applicant who has lived outside the state of Texas in the last two years.

The form states you will need to pay a \$24.95 fee to the fingerprinting services company. This is incorrect. MHMR Authority of Brazos Valley will inform you if the fingerprinting process is necessary for your volunteer position. You may be responsible for all fees associated with the fingerprinting process and FBI fingerprint background check.

YOUR DATE OF BIRTH IS NECESSARY TO COMPLETE THE BACKGROUND CHECK

DPS Computerized Criminal History (CCH) Verification

MHMR Authority of Brazos Valley

I, _____, have been notified that a Computerized Criminal History (CCH) verification 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.
APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, 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.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(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: _____	
Hire _____ Not Hired _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	