**Volunteer/Intern Program**

Thank you for your interest in joining our team at Hill Country Crisis Council! Our volunteers and interns have a direct impact on the lives of the most vulnerable population in the communities we serve. From offering advocacy, child care, mentoring, fundraising assistance or clerical assistance you will have the opportunity to change lives! With the generous donation of your time and support, we can continue to provide intervention, assistance, safety and healing.

**Volunteer and Internship Application Packet**

This application packet includes the following documents:

* Volunteer Application
* Statement of Confidentiality
* Volunteer Release and Waiver of Liability
* Three Reference Forms
* Volunteer Policy
* Background Check Authorization Form

**Please give the reference forms to your chosen references for them to fill out and return to us. Along with the completed application, we will need a copy of your driver’s license and social security card.** Once we have these materials we will run the background checks, which will take 2-3 days if you have lived in the state the last 5 years, and a bit longer if you’ve lived out of state during that period. (Upon verifying these documents, copies of the social security card are destroyed). You may submit your application and required documents via mail, drop of at our administrative office or email. If you have any questions, contact Suzanne at suzanne@crisiscouncil.net or 830-257-7088, ext. 125.

Drop off: 421 Washington St., Kerrville

Mail: PO Box 291817, Kerrville, TX 78029 or

Email : suzanne@crisiscouncil.net

**Volunteer/Intern Application**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HCCC has many opportunities for volunteers. All types of volunteers are needed to make services available to families in the communities that we serve, and we value any skills you may have to improve the communities in which we live. Listed below are volunteer opportunities available at HCCC. Please check the area(s) in which you are most interested.

\_\_\_\_\_\_\_\_\_\_Family Advocate \_\_\_\_\_\_\_\_\_\_\_\_Medical Volunteer \_\_\_\_\_\_\_\_\_\_Administrative and Clerical \_\_\_\_\_\_\_\_\_\_\_SkillBridge Intern

\_\_\_\_\_\_\_\_\_Bachelor’s Level Internship \_\_\_\_\_\_\_\_\_\_\_\_Master’s Level Internship \_\_\_\_\_\_\_\_\_\_Fundraising

\_\_\_\_\_\_\_\_\_Shelter Inventory Manager \_\_\_\_\_\_\_\_\_\_\_\_Child Tutoring \_\_\_\_\_\_\_\_\_\_\_English as a Second Language

\_\_\_\_\_\_\_\_\_Adult Tutoring, GED prep \_\_\_\_\_\_\_\_\_\_\_\_Childcare \_\_\_\_\_\_\_\_\_\_Handyman/Yard Maintenance

\_\_\_\_\_\_\_\_\_Teaching Life Skills-Nutrition, Parenting, Basic Personal Finance

HCCC has several outlying area offices. At this time we offer volunteer opportunities in the following locations. Initial training would be conducted in Kerrville. Please check the location you would be most interested in volunteering:

\_\_\_\_\_\_\_\_\_Kerrville \_\_\_\_\_\_\_\_\_\_Boerne \_\_\_\_\_\_\_\_\_\_\_Fredericksburg

(All SkillBridge interns are Kerrville)

Days and times you would be available to volunteer:

How did you learn about HCCC and our volunteer program?

What would you like to gain from your volunteer experience?

Are you currently employed? \_\_\_\_\_\_\_\_\_

Name of employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time employed there: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any previous volunteer experience:

Organization Responsibilities Length of time there

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skills and Special Abilities:**

Do you have any experience with survivors of:

Child abuse? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sexual assault? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family violence? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any experience with a criminal or family court system? \_\_\_\_\_Yes\_\_\_\_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other child service agencies? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you speak any other language than English?

\_\_\_\_\_Yes \_\_\_\_\_No Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you read/write any other language than English?

\_\_\_\_\_Yes \_\_\_\_\_No Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any experience with blind or hearing-impaired persons?

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any experience with intellectual or physical disabled persons?

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:**

List diplomas/degrees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List special certificates or credentials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Notification:**

Please list a person to contact in the event of an emergency:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number(s): \_\_\_\_\_\_\_\_\_\_

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

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have accurately completed this application and I understand that the information included in it may be used to assign me to the tasks best suited for my abilities and experience. I also understand that this application is not a contract between HCCC and me. I can choose to delay, suspend or terminate my volunteer services at any time.

Signature: Date:

**Hill Country Crisis Council/Kids’ Advocacy Place**

**Volunteer/Intern/Visitor**

**Statement of Confidentiality**

**At no time** shall a volunteer, intern or visitor divulge the identity of any person, presently or formerly, residing in the shelter, or receiving any services from Hill Country Crisis Council and/or Kids’ Advocacy Place. All records of clients shall be inaccessible and held confidential except to those staff members, volunteers or interns who have direct client involvement. Violation of this policy will result in **termination** of volunteer or intern services, as well as visitation privileges with Hill Country Crisis Council and Kids’ Advocacy Place.

This is to state that I (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

have read and agree to abide by the Statement of Confidentiality.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

**Hill Country Crisis Council**

**Volunteer/Intern Release and Waiver of Liability Form**

As a volunteer or intern at Hill Country Crisis Council, including participation in special off-site events, the undersigned Volunteer/Intern releases and agrees not to hold any liability on Hill Country Crisis Council, a non-profit corporation organized and existing under the laws of the State of Texas and each of its directors, officers, staff and agents.

I also acknowledge that Hill Country Crisis Council has not arranged and does not carry any insurance of any kind for my benefit or that of my spouse, parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in volunteer activities.

I also agree to hold harmless Hill Country Crisis Council for all claims arising out of my participation as a volunteer.

I am of legal age and am freely signing this document. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Date

\*If you are using your personal vehicle to perform your volunteer duties, including driving to and from Hill Country Crisis Council to volunteer, please attach a copy of your driver’s license and current auto insurance.

**Hill Country Crisis Council**

**Volunteer/Intern Reference Form**

*Please provide the following information:*

Volunteer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this person and in what capacity?

In your opinion, is this person capable of working with children and families in a crisis situation and dealing with highly sensitive issues? \_\_\_\_\_ Yes \_\_\_\_\_No

Please tell us why:

Please share any pertinent information that would assist us in evaluating this person’s involvement with our agency:

Signature Date

Print Name Phone Number

*Please mail this completed form to:*

*Suzanne Tomerlin*

*Hill Country Crisis Council*

*P.O. Box 291817*

*Kerrville, TX 78029 or email to suzanne@hccares.com*

**Hill Country Crisis Council**

**Volunteer/Intern Reference Form**

*Please distribute these to your 3 chosen references. They can return to Suzanne through the contact information at the bottom of the page.*

Volunteer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this person and in what capacity?

In your opinion, is this person capable of working with children and families in a crisis situation and dealing with highly sensitive issues? \_\_\_\_\_ Yes \_\_\_\_\_No

Please tell us why:

Please share any pertinent information that would assist us in evaluating this person’s involvement with our agency:

Signature Date

Print Name Phone Number

*Please mail this completed form to:*

*Suzanne Tomerlin*

*Hill Country Crisis Council*

*P.O. Box 291817*

*Kerrville, TX 78029 or email to suzanne@hccares.com*

**Hill Country Crisis Council**

**Volunteer/Intern Reference Form**

*Please provide the following information:*

Volunteer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this person and in what capacity?

In your opinion, is this person capable of working with children and families in a crisis situation and dealing with highly sensitive issues? \_\_\_\_\_ Yes \_\_\_\_\_No

Please tell us why:

Please share any pertinent information that would assist us in evaluating this person’s involvement with our agency:

Signature Date

Print Name Phone Number

*Please mail this completed form to:*

*Suzanne Tomerlin*

*Hill Country Crisis Council*

*P.O. Box 291817*

*Kerrville, TX 78029 or email to suzanne@hccares.com*

**HILL COUNTRY CRISIS COUNCIL, INC.** **PROGRAM POLICIES AND PROCEDURES**

|  |  |  |
| --- | --- | --- |
| **Title: Volunteer Program** |  | **Number: 411.0** |
| **Date Board Approved: 1/16/2013****Update Board Approved: 12/2/2019****Revised Board Approved: 9/11/2023** | **Effective Date: 1/16/2013** | **Page 1 of 1** |

|  |
| --- |
| POLICY Hill Country Crisis Council will recruit volunteers from as many diverse sectors of the community as possible and will utilize a variety of recruitment techniques. New volunteer orientations will be offered as needed. HCCC will not accept volunteers if they have been convicted, charged or have charges pending for a felony or misdemeanor involving a sexual offense, violent act, child abuse or neglect or related acts that would pose a risk to any clients. HCCC will not accept volunteers if they have a Department of Family and Protective Services disposition of Reason to Believe. Volunteers must have attained the age of 18. Volunteers will submit to the following background checks: criminal history, child abuse registry and sex offender registry. Background checks will include out-of-state checks for all states lived in in the previous five years All volunteers will be rescreened every three years or less. All volunteers will be trained, supervised and evaluated by the Volunteer Coordinator or his/ her designee. Hill Country Crisis Council includes interns and board members under the umbrella term “volunteers.”PROCEDUREThe Volunteer Coordinator will maintain a file for each volunteer containing the following information: Name, address, telephone number, completed background check and results, copy of current driver’s license and proof of liability insurance, screening notes, timesheets, documentation of training hours and training certificates when applicable. All volunteers will participate in an orientation process, as well as specific training determined by their placement. All volunteers will complete mandated reporter training either presented by the community educator or an approved online alternative as part of their initial training. Hill Country Crisis Council will offer volunteers opportunities to participate in trainings and up to date education. Each volunteer will be required to receive 6 hours of additional training per year. Trainings/continuing education will be in various formats, including many at the volunteer’s own home and own timeframe.Volunteers shall utilize the volunteer software to track all services performed for Hill Country Crisis Council. Volunteers will also record all trainings and continuing education. Volunteers providing professional services should document the time and professional value of that time. Volunteers must always maintain absolute confidentiality. A confidentiality agreement will be signed prior to volunteering. Any volunteer breaching the confidentiality agreement will be terminated immediately. Volunteers shall not hold dual or inappropriate relationships with clients. Dual or inappropriate relationships include, but are not limited to: personal, business, financial or sexual. The only relationship they may have is the one assigned to by HCCC. Volunteers will notify the Volunteer Coordinator or his or her designee immediately if any conflict of interest arises, or if they know of a client that they hold a dual relationship with. All volunteers will comply with the volunteer code of conduct.Volunteers may not discriminate against staff, clients or other volunteers on the basis of sex, race, age, color, national origin, religion, disability, sexual orientation or political affiliation.Texas State Law requires that all citizens report any suspected abuse or neglect to the Texas Department of Family and Protective Services. Volunteers must contact a staff member immediately in these instances for guidance in reporting this.If dissatisfaction should arise regarding problems with staff, another volunteer, a client or delivery of services, the volunteer may file a grievance or complaint in writing as follows: 1. Volunteers should report problems to the Volunteer Coordinator and may expect a response within five (5) working days.
2. If the problem involves the Volunteer Coordinator, or if the response in 1 above is not satisfactory, address the complaint to the Executive Director. A response may be expected within five (5) working days.

All volunteers leaving the program should participate in an exit interview. Information from the exit interview should be filed in the volunteer’s file. |

**Hill Country Crisis Council**

**Volunteer/Intern Policy and Procedure Receipt Acknowledgement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have received a copy of the Volunteer Policies and Procedures, read them and understand them. I understand that a copy will be available to me for immediate reference if I request.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hill Country Crisis Council’s Mission Statement states, “HCCC is dedicated to stopping the cycle of domestic violence, sexual assault and child abuse through education, intervention and assistance.”

Hill Country Crisis Council’s Vision Statement states, “Until every voice is heard”

Hill Country Crisis Council’s Values are as follows:

|  |  |
| --- | --- |
| Values | Definitions  |
| Person-Centered Approach  | We recognize the ability for human growth to happen authentically and autonomously. We honor this through inclusion and tolerance of all.  |
| Commitment to Quality  | Our commitment to quality defines the work we do. We are committed to dedicating our resources to the restoration and resiliency to those we serve. |
| Healthy Partnerships | We build healthy and sustainable partnerships by believing in and valuing the strengths of others.  |
| Good Stewardship | Honesty and transparency will gain and sustain our relationships with others; and ethical behaviors will guide the work we do |
| Rights to Safety and Security | To ensure the dignity, respect, and security of our clients, we make confidentiality a priority. Our culture thrives because we preserve the same respect and dignity to each other.  |

**Hill Country Crisis Council**

**Code of Conduct**

All direct and in-direct service volunteers, interns and board members must read and sign.

* Don’t make promises. Sometimes we are tempted to make unrealistic promises when we see a child or adult in crisis but promises that can’t be kept may further damage the person’s ability to trust. Don’t tell someone that everything will be okay. We don’t know what “okay” will mean to a particular situation, or how their life will be affected.
* If there is suspected child abuse, do not talk to the child about that suspected abuse. If a child speaks to their abuse, listen, but do not ask any details. Report that to a staff member and they will instruct you on how to report to the proper authorities, as is required by law.
* Don’t approach clients, children or adults, abruptly or attempt to touch them. Be mindful of the fact that the person may have recently been hurt by touch. Always use appropriate touching. This includes high-fives, fist bumps, handshakes. If a child initiates hugs or lap sitting, you may give a side hug, and try to redirect. If a young child needs to be held or in your lap for some reason, do so in the presence of another adult.
* Don’t influence a child’s play. Children, especially abused children, come in many different developmental stages and should not be made to do something thought to be in their chronological age. A child shall be allowed to play and express themselves; however, play that becomes destructive or harmful should be stopped and the child redirected in a calm and respectful manner.
* Don’t try to influence a client or convince them to make certain decisions regarding their situation. The client needs to govern their own life and decisions.
* Do NOT take a child to the bathroom. If the child needs to use the bathroom, notify the parent or guardian and have them take the child to the bathroom. If you cannot locate the parent or guardian, inform staff. Do NOT change diapers. That is the responsibility of the parent or guardian.
* Whenever possible, avoid child/adult one on one interaction. If it is unavoidable, it should be conducted in a room that is visible.
* There shall not be any profanity, inappropriate jokes, sharing of personal information, drugs (except those prescribed) or alcohol at our agency.
* Do not give gifts to any client nor display any preferential treatment.
* Do not photograph clients or facilities.
* Do not exchange email address, personal phone number, social media contact information or any other method of private communication with clients.

In the event of an emergency such as someone who appears threatening or if a suspected perpetrator is attempting to come into the agency, notify staff immediately. If staff is not available, contact 911.

Take care of yourself! Please share things with staff that are difficult for you, or any questions you may have about the processes. You are all an important part of HCCC and highly valued.

Printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Requesting a Copy of Driver’s License (D.L.) and Social Security (SSN) Card

This information will be used to conduct the following background checks: state and national criminal history, Child Abuse Registry and Sex Offender Registry

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Prior Surnames/Maiden Name/Other Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.L.# & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Cell or Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address (location, address, state & zip code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you lived outside the state of Texas in the past five years? \_\_\_\_yes \_\_\_\_no

If you answered yes to the above question, list each place you lived outside of Texas within the past five years. Please put full addresses, including street address, city, state and zip code.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race:  \_\_Asian \_\_Black \_\_Hispanic \_\_ Native American \_\_ Other \_\_ White \_\_\_ Decline to Indicate

**Disclosure and Consent to Release Information:**

1. Have you ever been convicted of a felony or misdemeanor? This includes offenses to which you pleaded guilty or no contest resulting in a deferred adjudication that has not yet been completed. \_\_ Yes \_\_No If yes, please write on the back of this document by giving details to include the date, location and nature of the offense and disposition for each incident.
2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor? \_\_\_ Yes \_\_\_ No If yes, please write on the back of this document by giving details to including the date, location and type of charge.
3. Have been or are you currently being investigate for allegedly abusing, neglecting, or exploiting a child, an elderly person, or a person with disabilities? \_\_\_ Yes \_\_\_No If yes, please write on the back of this document by giving details to include the state and county in which each such investigation occurred.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize any investigator or duly accredited representative of Hill Country Crisis Council bearing this release to obtain any information from the Texas Department of Family and Protective Services, the Texas Department of Public Safety and Transportation, schools, residential management agents, employers, criminal justice agencies, or individuals relating to my activities. This information may include performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by Hill Country Crisis Council and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I declare that the information provided in this document is true and correct. I understand that any misrepresentation or omission of the information requested may result in my being immediately terminated from my position with Hill Country Crisis Council.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HCCC Revised 7-24-24