

Office Use Only:

Date Application Received: _____

THE BRIDGE CHILDREN'S ADVOCACY CENTER
BOARD MEMBER APPLICATION

PERSONAL INFORMATION:

Name: _____ E-mail: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Title: _____ Work Phone: _____

Work Address: _____

Name of Spouse: _____ Children/ages: _____

PREVIOUS OR CURRENT VOLUNTEER EXPERIENCE:

Previous Board or Volunteer Service: _____

Current Board or Volunteer: _____

KNOWLEDGE ABOUT THE ORGANIZATION

How did you hear about The Bridge? _____

Explain what you know about the services The Bridge provides: _____

Explain your interest in serving on the Board: _____

-
- SPECIAL SKILLS:** Fundraising Personnel/Human Resources Finances
 (mark all that apply) Business Marketing/Public Relations Technology
 Legal Other: _____

FELONY AND MISDEMEANOR CONVICTION INFORMATION

Our agency screens prospective employees, volunteers & board members to evaluate whether an applicant poses a risk of harm to the children, youth and families it serves. Information obtained does not automatically bar employment or volunteer opportunities. Relevant circumstances are appraised. This disclosure is to be completed by applicants prior to further consideration. Any falsification, misrepresentation, or incompleteness in this disclosure is sole adequate grounds for rejection or termination. This agency works closely with federal, state, and local law enforcement agencies to verify all information to the maximum extent permitted by law.

1. I have _____ have not _____ been convicted of a felony or a misdemeanor. If your answer is affirmative, give details, including date, place, nature of conviction and disposition.

2. I am _____ or am not _____ currently under investigation, indictment or charged in an official criminal complaint with a felony or a misdemeanor. If your answer is affirmative, please give details, including type of charges.

3. I have _____ have not _____ ever been prohibited from serving in any capacity as an employee or a volunteer with any organization or agency working with children. If your answer is affirmative, please give details, including the date, name, and address of the organization.

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, including date, name and address of the organization.

I have read this form in its entirety and understand that the information may be verified by The Bridge Children's Advocacy Center, and that the inclusion and/or admission of any false information or omission of any requested information is cause for my immediate dismissal from the Board at The Bridge Children's Advocacy Center. I agree to inform the Advocacy Center if this information changes any time during my participation as a volunteer at The Bridge Children's Advocacy Center.

Signature of Potential Board Member _____

Date _____

Bridge Board of Directors

Responsibilities & Opportunities

FUNCTION

The Board of Directors is the governing body of the Bridge Children's Advocacy Center, providing direction in the pursuit of the goals and mission of the agency. The Board also ensures that the standards set forth by the state and national organizations of Children's Advocacy Centers are met. The Board provides a public point of accountability and safeguarding for the financial operations of The Bridge. Through committee involvement, board members identify goals and strategies to accomplish those goals in their focused areas of finance, fund development & public relations, partner agency relations, board development.

RESPONSIBILITIES

- Be knowledgeable about agency services, statistics, funding services, and financial accountability measures
- Attend Monthly Meetings which are usually on the 3rd Wednesday at noon. (not missing more than 3 consecutive meetings).
- Actively participate & attend agency sponsored events.
- Actively participate in agency fundraising efforts.
- Attend one case review. (yearly)
- Increase Agency Awareness & serve as an agency representative within your own circle of influence.
- Recommend potential new Board Members as positions come open.
- Actively participate and serve on at least one board committee.

NEW BOARD MEMBERS (within the first 60 days of becoming a board member)

- Take an agency tour.
- Attend a case review (Friday mornings at 9:00)
- Determine Board Committee.

OPPORTUNITIES

- Make an impact in a child's life by providing a path to healing and justice.
- Tour agency.
- Attend a community education program.
- Attend a "Sexual Abuse Education & Awareness" class offered by Troy Timmons
- Tour satellite offices (staff can coordinate a road trip to Pampa or Hereford)

THE BRIDGE CHILDREN'S ADVOCACY CENTER
Consent for Criminal Background History Check
 Authorization/Waiver/Indemnity

This information is collected exclusively for the purpose of conducting a records check of the volunteer.

PLEASE PRINT

(Last)	(First)	(Middle)
(Maiden)	(Race)	(Sex)
(Driver's License Number)	(Social Security Number)	(DOB)

Please list all of the states that you ever lived in:

I hereby give my permission to The Bridge Children's Advocacy Center to inquire about my records, qualifications, and/or character. I understand that this check may be made by phone or in writing and will include employers, organizations, personal references, the Department of Family and Protective Services and police records. The results of the check will be confidential.

I hereby give my permission in exchange for good and valuable consideration for The Bridge Children's Advocacy Center to obtain information relating to my criminal history record. The criminal history 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 also understand as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time.

I, the undersigned, do, for myself, my heirs, executors, and administrators, hereby remise, release and forever discharge and agree to indemnify and defend The Bridge Children's Advocacy Center and each of its 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 related attorney's fees, court costs, and other expenses relating from the investigation of my background connection with any application to become a volunteer/staff member.

 Volunteer/Employee Signature Date

Subscribed and sworn to before me
 This _____ day of _____,

Notary Public, State of Texas

 Signature of Notary Public

THE BRIDGE CHILDREN'S ADVOCACY CENTER
BOARD OF DIRECTORS
PLEDGE OF CONFIDENTIALITY

Serving on the board of The Bridge Children's Advocacy Center will give you access to:

- Personal information about the children and their families who may be clients, volunteers, or employees of the Center.
- Confidential information regarding partner agencies, financial information, and agency operations

Any information observed in connection with serving on the board of The Bridge Children's Advocacy Center is considered **strictly confidential**.

PLEDGE OF CONFIDENTIALITY

I promise that I will hold in confidence all information relating to the individual cases and clients at The Bridge Children's Advocacy Center.

I promise that I will hold in confidence all information obtained during board or committee meetings which pertain to agency finances, employees, or partner agencies unless first discussed with the executive director.

I promise that I will hold in confidence all information related to fundraising activities and donors.

I will not violate the confidential relationship between The Bridge Children's Advocacy Center, its staff, volunteers, or participating and related agencies.

I will not use any information that I have learned from the Advocacy Center to attempt to influence the participants in any case being served by the Advocacy Center, whether I am acting as a representative of the Advocacy Center or as a private citizen.

I will not remove any written or taped information or records from the offices of The Bridge Children's Advocacy Center without the expressed permission of the Executive Director or designated professional staff.

I understand that any violation of confidentiality is grounds for immediate termination of my position on The Bridge Board of Directors.

I accept full responsibility for maintaining the confidential and private nature of all records and information.

I understand that I am personally responsible for any violation of this agreement.

Signature of Board Member

Date



REQUEST FOR CENTRAL REGISTRY AND CRIMINAL HISTORY BACKGROUND CHECKS

Purpose: Representatives of Big Brothers and Big Sisters of America and Children's Advocacy Centers of Texas use this form to request the following background checks for potential and current volunteers, employees, and board members:

- A criminal history background check from the Texas Department of Public Safety (DPS).
- A child abuse and neglect Central Registry background check from the Texas Department of Family and Protective Services (DFPS).

Directions: The subject of the background check completes the following sections:

- *Section 1: Personal Information*
- *Section 2: Previous Places of Residence*
- *Section 6: Signatures*

The designee must do the following:

- Make sure the subject of the background check provided complete and accurate information in Sections 1 and 2 and signed and dated Section 6. The designee verifies the information by viewing official documents provided by the subject of the check, such as a driver's license or Social Security card.
- Complete *Section 3: Designee*.
- Enter the background check for the subject of the request in the Automated Background Check System (ABCS) for the associated account.

For additional questions, contact Background Checks at the following:

Email: CACTXBGCREQUEST@dfps.state.tx.us

Mail: DFPS Background Checks M/C 121-7; PO BOX 149030, Austin, TX 78714-9030

Fax: 512-339-5831

SECTION 1: NAME		
First Name:	Middle Name: <input type="checkbox"/> No Middle Name	Last Name:
Have you ever used any other first, middle, or last names (such as a nickname, a married or maiden name, or a different spelling for your name)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered Yes above, you must list every other name you have used.		
OTHER FIRST NAMES	OTHER MIDDLE NAMES	OTHER LAST NAMES



SECTION 2: OTHER PERSONAL INFORMATION

Home Street Address:		City:	State:	Zip Code:
County of Residence:		Date of Birth:		Phone Number:
Social Security Number (if no SSN, provide alternate document name and ID number)		Driver's License Number and State:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander		

SECTION 3: PREVIOUS PLACES OF RESIDENCE

Have you lived outside the state of Texas in the past two years?
 Yes No

If you answered Yes above, list each place you lived outside of Texas within at least the past two years. Provide the complete address and the dates you lived there (continue on the back as needed).

FULL ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE)	DATES (MM/YYYY - MM/YYYY)

SECTION 4: DESIGNEE

Full Name: Shelly Bohannon	Email Address: shelly@bridgecac.org
Name of the Organization the Designee Represents: The Bridge Children's Advocacy Center	



SECTION 5: NOTE TO THE SUBJECT OF THE BACKGROUND CHECK

A person is listed in the DFPS Central Registry when all the following occur:

- The person has been investigated for child abuse or neglect by Child Protective Services (CPS), Child Care Investigations (CCI), or HHSC Provider Investigations.
- The investigation resulted in a disposition of *Reason to Believe* for CPS and CCI cases or *Confirmed and Validated* for HHSC Provider Investigations cases.
- The person is listed as a designated perpetrator or sustained perpetrator.

Cases involving adult victims are not included in the DFPS Central Registry.

In addition, a person will not clear the Central Registry check if that person is 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 end of the investigation to determine whether the person has been listed as a designated perpetrator on the DFPS Central Registry.

As the subject of this background check request, you have the right to review the results of this check. If the Central Registry identifies you as a person who has been found to have abused or neglected a child, DFPS only sends the results directly to you by mail or email. You have the option to share these findings with the organization listed above (see Section 3).

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

Information about unknown dispositions may not be current. If the results returned from DPS include an unknown disposition or to dispute the criminal history record, visit the [DPS Criminal History Error Resolution](#) webpage for more information on how to update the criminal history record.

SECTION 6: PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).

SECTION 7: SIGNATURE

Only the subject of the background check can sign this form.

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 organization listed in Section 3.

I agree to update the organization of any changes to the information above.

I give permission to the organization listed in Section 3 to request a Central Registry child abuse and neglect background check and a DPS criminal history background check, as well as any subsequent checks so long as I am active with that organization.

I authorize DFPS to send the results of this background check via email, and I acknowledge that DFPS cannot guarantee that information sent 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.

By law, any information obtained through DFPS is confidential information and is personal in nature. I understand that I may have access to or may view confidential and sensitive information. I will not disclose confidential information to other people and under no circumstances will I intentionally access confidential information for any purpose other than in the performance of my assigned job duties.

Signature:

X

Date Signed: