



Volunteer Application

Date: _____

Applications can be submitted in a variety of ways:

-Hand-deliver or mail to 919 Mission Rd, San Antonio, TX 78210

-Email volunteer@stpjhome.org

-Fax 1+(210) 227-0127 (MUST dial 1)

-If you have any questions you may reach Belinda at 210-531-8592

Please provide a copy of your social security card and driver's license or TID with application

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town State Postal Code

Home: _____ Cell: _____

Email: _____ Date of Birth: _____

Gender: Male Female Organization represented: _____

Social Security Number: _____ Driver's License Number: _____

In case of an Emergency, Contact (please print):

Name and relationship: _____ Phone number: _____

Volunteer Interests: *(Check the applicable circle(s))*

- Tutor
- Surrogate Parent (during school year)
- Campus Beautification
- Children's Activities
- Donations Organization
- Admin/Clerical
- Special Events
- Other _____

Why are you interested in volunteering?

How did you hear about St. PJ's Children's Home and its volunteer program?

List Any Previous or Current Volunteer Experience:

Organization	Position/Major Responsibility	Dates of service (yy/mm)	
		From:	To:
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

Educational Background:

Institution:	Location	Dates	Degree
High School: _____			
College: _____			
Other: _____			

Work Experience:

1) Previous/Last employer: _____ Dates: _____
Address: _____ City: _____ State: _____
Supervisor: _____ Phone: _____
Description of position: _____

2) Present/Last employer: _____ Dates: _____
Address: _____ City: _____ State: _____
Supervisor: _____ Phone: _____
Description of position: _____

Please list three (3) references (not related to you):

1. Name: _____
Address: _____
Phone: _____
How long have you known this reference? _____

2. Name: _____
Address: _____
Phone: _____
How long have you known this reference? _____

3. Name: _____
Address: _____
Phone: _____
How long have you known this reference? _____



Volunteer Agreement

St. Peter – St. Joseph Children’s Home (*St. PJ’s*) volunteer application includes completion of a one hour Volunteer Orientation. During this session volunteers will learn about the agency requirements, guidelines, and opportunities will be explained. A short, mandatory presentation on sexual misconduct will be required. A tour of the campus may be scheduled either in conjunction with the orientation or at another designated time, depending on all participants schedule.

All questions and concerns about ST. PJ’s volunteer process may be addressed to:

Belinda Herrera
Volunteer Coordinator
volunteer@stpjhome.org
(210) 531-8592

I understand agree to the above information.

Printed Name

Signature

Date

Parental/Guardian Permission (If under 18 years old)

I agree to allow my son/daughter, _____ (name), to participate as a volunteer at St. PJ’s Children’s Home. I understand that he/she will need to be supervised by a parent or guardian when volunteering. I understand that I will be contacted in case of emergency or misconduct on behalf of my child.

Printed Name

Signature

Date

TB Skin Testing

Effective January 1, 2007, all persons over the age of one year old who live, work or volunteer at St. PJ’s Children’s Home must be screened for tuberculosis as recommended by the Center for Disease Control (CDC). A copy of the medical documentation of negative results of TB screening, chest radiograph, and/or treatment must be maintained in the person’s file at the site where the person volunteers.

Printed Name

Signature

Date

Drug Policy

A prospective volunteer’s consent to random drug testing is required as a condition of acceptance. A prospective volunteer’s refusal to consent to a drug test will result in denial of their request to volunteer. If a volunteer refuses to consent to a drug test, they will no longer be allowed to volunteer.

The use possession, sale, transfer, purchase, or being under the influence of drugs by volunteers at any time while on St. PJ’s Children’s Home premises or while on St. PJ’s Children’s home business is prohibited. Volunteers must not report to duty or be on St. PJ’s Children’s Home property while under the influence of drugs, or have any drug in their possession while on St. PJ’s Children’s Home property. For the purposes of this policy, the term “drug”, wherever it appears in this policy statement, includes alcoholic beverages as well as inhalants, and illegal drugs. A volunteer is tested because there is “good cause to believe the volunteer may be abusing drugs,” will not be allowed to volunteer until the receipt of written test results and further inquiries that may be required.

Testing positive to drugs, alcohol, or controlled substances, or refusing to submit to such tests could result in immediate termination of volunteer status.

Any volunteer or prospective volunteer who believes their results are erroneous, may contact the laboratory for verification of the results.

Printed Name

Signature

Date

Affidavit Regarding Civil or Criminal History

1. Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No If yes, give details including date, place, nature of conviction and disposition
2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor, including deferred adjudication? _____ Yes _____ No If yes, give details, including the type of charge
3. Have you ever been or are you currently being investigated for allegedly abusing, neglecting, or exploiting children, the elderly, or the disabled? _____ Yes _____ No If yes, give details, including the type of charge

I hereby declare that the information provided is true and correct. I agree to inform St. PJ’s Children’s Home if I am named in complaints, indictments, or convictions as listed above, or if I am ever investigated for offenses as described in Item 3 of this section. I acknowledge that background checks are required prior to volunteering and every two years in order to continue to volunteer. I authorize St. PJ’s Children’s to perform the required background checks.

Printed Name

Signature

Date

Confidentiality Policy for Volunteers

Volunteers will not discuss or release ANY information or photographs regarding the children at St. PJ’s Children’s Home to ANYONE outside of the organization. This includes, but is not limited to, the name, physical description, family history, story of neglect, or medical problems of any child at St. PJ’s Children’s Home. The very fact that a person is at St. PJ’s Children’s Home must be held in the utmost confidence. I agree I will not take any pictures of the children at St. PJ’s Children’s home. This means that employees, consultants, volunteers, interns, etc. shall not disclose any information about a person, including the fact that the person resides at St. PJ’s Children’s Home. I understand and agree to the above information.

Printed Name

Signature

Date

Abuse/Neglect Responsibility Statement

As a volunteer at St. PJ's Children's Home, I am aware of my responsibility to IMMEDIATELY report incidents, or suspected beliefs of abuse and/ or neglect of children to the TDFPS Hotline, 1-800-252-5400 and to St. PJ's Children's Home staff who are onsite at the time of the incident. In accordance with state law, St. PJ's Children's Home reports information about abuse or neglect of children to the proper authorities. The very fact that a person is at St. PJ's Children's Home must be held in the utmost confidence. This means that employees, consultants, volunteers, interns, etc. shall not disclose any information about a person, including the fact that the person resides at St. PJ's Children's Home. I understand and agree to the above information.

Printed Name

Signature

Date

Additional Information:

*****Please provide a copy of your driver's license and social security card*****



CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

Purpose: This form may be used to request background checks required by Texas Administrative Code (TAC) §745.615. Background check requests may also be submitted through DFPS's Child Care Provider website at https://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp. See the chart below for instructions based on operation type for submitting background check requests.

IF	THEN
You are applying for a permit	You must send your background check request form along with your application to your local licensing office.
Your operation is a licensed child-care center, school-age program, before- or after-school program, or residential care provider	Your operation must submit background check requests via DFPS's Child Care Provider page, www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityLogin.asp .
Your operation is a licensed child-care home, registered child-care home, or listed family home	Your operation may submit background check requests via DFPS's Child Care Provider page, fax the background check form to 512-339-5871, or mail the background check form to: DFPS, Centralized Background Check Unit, P.O. Box 149030, Mail Code: 121-7, Austin, TX 78714-9030.
You are an exempt operation submitting background check requests only	You may submit your background check requests to the following mailbox: CBCUExemptBGC@dfps.state.tx.us

Directions: Complete the following information for each person required to have a background check. Additional forms may be downloaded from the DFPS website at http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp.

OPERATION INFORMATION		
Operation Name: St. Peter-St. Joseph Children's Home	Operation Number:	Operation Telephone Number: (210) 533-1203
Operation Address: 919 Mission Road San Antonio, TX 78210	Operation Mailing Address: 919 Mission Road San Antonio, TX 78210	County: Bexar

VERIFICATION SIGNATURES		
I verified (by reviewing the person's Social Security card or driver license) that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge. I understand that DFPS may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration, or listing.		
Printed Name of Director, Owner, or Operator:	Signature of Director, Owner, or Operator: X	Date Signed:

PRIVACY STATEMENT
DFPS values your privacy. For more information, read our privacy policy online at: www.dfps.state.tx.us/policies/privacy.asp .

INDIVIDUAL'S IDENTIFYING INFORMATION

<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse
First Name:		Middle Name:	Last Name:
List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results:			
Other First Names:		Other Middle Names:	Other Last Names:
Street Address:		City:	State: Zip Code:
County:	Telephone Number: () -	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years:			
Ethnicity (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	
Social Security Number:		Photo ID Type: <input type="checkbox"/> Driver License: Number: State: <input type="checkbox"/> State ID:	Date Hired or Used by the Operation or Agency:
Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment: <input type="checkbox"/> Email: <input type="checkbox"/> Telephone Number: () -			
Relationship of person to requestor: <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Foster Parent <input type="checkbox"/> Household Member <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Other Staff <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:			
For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s) <input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Unrelated			
Will this person be paid or is this person currently paid by the operation in the role selected? <input type="checkbox"/> Yes <input type="checkbox"/> No			

The following pages are additional Individual's Identifying Information sheets for use when submitting more than one individual's background check

You must answer the following:

Have you ever been convicted of, arrested for, charged with, placed on probation for, granted deferred adjudication for and/or given any pretrial diversion for any violation of the law? (You do not need to disclose minor traffic violations.) YES NO

If you answered "YES", please attach a separate piece of paper giving full details of the event. Please read the following paragraph carefully and sign below to indicate that you understand this document:

I hereby authorize the Archdiocese of San Antonio, and its agent(s), to request and receive any and all background information about me, including without limitation, my criminal history, information from Texas Department of Family and Protective Service and my driving record.

I understand that background information received from reporting agencies, may include arrests, convictions, plea bargains, deferred adjudications, delinquent conduct committed while a juvenile, expungement and investigations.

I further release the Archdiocese of San Antonio and its agents, employees, personnel or representatives from any and all claims and liability arising out of the request for this information.

I certify that I can be trusted with the supervision, guidance, education and/or care of minors and/or vulnerable adults and that I will abide by the policies and procedures of the Archdiocese of San Antonio, of which I have been fully informed.

The statements made by me on this form are true, correct, accurate and complete and are made in good faith.

I understand that any false statements made on this form may result in the denial of the application, termination of employment, suspension of volunteer service, and/or other disciplinary action.

Signature: _____ Date: _____

St. PJ's Children's Home/Seton Home/Catholic Charities

San Antonio, Texas

Volunteer Agreement and Release from Liability

By signing this form, I understand and agree to the following terms and conditions related to volunteering my services to St. Peter-St. Joseph Children's Home. I am aware that this is a release of liability and I sign it of my own free will.

I recognize that, as a volunteer, I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization. *Please initial here: _____*

I will not participate in and will report any and all instances of any sort of harassment, exploitation, and or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers, clients and visitors). *Please initial here: _____*

I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information. Volunteers will not discuss or release ANY Information nor will I take photographs regarding the children at St. PJ's Children's Home/Seton Home/Catholic Charities to ANYONE outside of the organization. This includes, but is not limited to the name, physical description, family history, story of abuse, or medical problems of any child or resident at St. PJ's Children's Home/Seton Home/Catholic Charities. *The very fact that a child is cared for at St. PJ's Children's Home/Seton Home/Catholic Charities must be kept confidential. This means employees, consultants, volunteers, Interns, etc. shall not disclose any information about a person, including the fact that the person is at St. PJ's Children's Home/Seton Home/Catholic Charities, to anyone outside the organization.* *Please initial here: _____*

As a volunteer St. PJ's Children's Home/Seton Home/Catholic Charities, I am aware of my responsibility to IMMEDIATELY report incidents, or suspected beliefs of abuse and/or neglect of children to the TDFPS Hotline at 1-800-252-6400 and to the volunteer coordinator. In accordance with state law, St. PJ's Children's Home/Seton Home/Catholic Charities reports information about abuse or neglect of children to the proper authorities. *Please initial here: _____*

I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur. *Please initial here: _____*

I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. *Please initial here: _____*

I agree that my assignees, heirs, distributors, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release St. PJ's Children's Home/Seton Home/Catholic Charities from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer. *Please initial here: _____*

I or parent/guardian of minor gives St. PJ's Children's Home/Seton Home/Catholic Charities the unlimited authority to use and publish in any locality the film, recordings and/or photographs taken of me or minor in whole or in part and authorize use of my name in any form of advertising or publicity. I or parent/guardian of minor have fully read and understand the above and acknowledge this constitutes a full agreement between me and St. PJ's Children's Home/Seton Home/Catholic Charities and its affiliates, and I will not receive any compensation for the foregoing in the future from St. PJ's Children's Home/Seton Home/Catholic Charities or any other source. *Please initial here: _____*

I have carefully read this agreement and fully understand its contents.

Date: _____

Volunteer's Name: _____ Signature: _____

Volunteer's Address: _____
Street City Zip Code

Volunteer's Phone: (cell) _____ Volunteer's Email: _____