



## Volunteer Adult Computerized Criminal History Form

Fellowship Bible Church conducts a background check on all volunteers (members and non-members) that interacts with children. We value the safety of children in our care, our employees and volunteers. Criminal Background Checks will be conducted on all employees and volunteers and will be repeated as often as deemed necessary by the church. The objective of the Background Check is to provide parents with peace of mind knowing their children are provided a safe and encouraging experience.

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

List any other names used if different from name on DPS Computerized Criminal History Verification form:

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

Are you at least 18 years of age to volunteer:     Yes     No

Current ID or Driver's License #: \_\_\_\_\_ State of License/ID Issued \_\_\_\_\_

Area Volunteering: \_\_\_\_\_

*The information that Fellowship Bible Church collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules.*

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

	Date: _____	Initial: _____
	Date: _____	Initial: _____
	Date: _____	Initial: _____
	Date: _____	Initial: _____
	Date: _____	Initial: _____
	Date: _____	Initial: _____
Annual Background Check:	Date: _____	Initial: _____
	Date: _____	Initial: _____
	Date: _____	Initial: _____
	Date: _____	Initial: _____
	Date: _____	Initial: _____

**DPS Computerized Criminal History (CCH) Verification**  
**(AGENCY COPY)**

I \_\_\_\_\_, acknowledge that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) 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. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. 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. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/CrimeRecords/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

Fellowship Bible Church  
Agency Name (Please print)

V. J. Mendez-Seagraves  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>		
<b>Check and Initial each Applicable Space</b>		
CCH Report Printed:		
YES _____	NO _____	_____ initial
Purpose of CCH: _____		
Empl _____	Vol/Contractor _____	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
<b>Retain in your files</b>		

Rev. 09/2013