



Volunteer Minor's Yearly Computerized Criminal History Form

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

Please complete this form of basic information about you, which assures the best possible program and safety for all.

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. Different types of information are kept for different periods of time.

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:

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

Social Security Number: _____

Area Volunteering : _____

Volunteer Signature: _____ Date: _____

***Parental Approval for Criminal Background Checks for Children Under 18**

This form must be signed by a parent or legal guardian. A hard copy of the signed form must be returned to the Ministry Pastor/Director or to Fellowship Bible Church's office before a criminal background check is performed on your minor child. Your child may not begin volunteering until the form is returned to Fellowship Bible Church's office and the criminal background check is completed and clear.

PARENTAL PERMISSION

The purpose of this document is to allow my minor child to have a background report conducted on him/her for the purpose of volunteering at Fellowship Bible Church. This document gives my consent to allow this background report to occur.

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.

Print Name of Parent or Guardian of Minor _____

Signature of Parent or Guardian of Minor _____ Date: _____

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 /Crime Records/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

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: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

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