

**Addendum Signature Packet for
St. Michael's Homes for Children
and
St. Jerome Emiliani Foster Care
Volunteers and Interns**

CONSENT AND RELEASE FOR CRIMINAL BACKGROUND CHECK

As a charity organization, **CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GALVESTON-HOUSTON (“CC”)** has the highest concern for the safety and welfare of the public whom it serves. Accordingly, it is CC’s policy to perform, at its own expense, a criminal background check on all applicants for volunteer placement or internship placement. This information is used to help determine eligibility for volunteer placement or internship placement, and will not be disclosed by CC except to the person or persons responsible for CC screening and on as needed basis in the course of volunteering or interning.

Authorization to Conduct Investigation: I understand and agree that CC may perform, at CC’s own expense, a criminal background check on applicants for volunteer placement or internship placement, including a criminal background check on me and the information contained in my application and the attached history. As a condition of and in consideration for CC’s review of my application, or my continuing placement with CC if I am a current volunteer or intern, I hereby give permission for CC to obtain information relating to my criminal history record. I understand that this criminal history record may include arrest and conviction data as well as plea bargains and deferred adjudications. I also understand and agree that as long as I remain volunteer or intern of CC, a criminal background check may be repeated at any time. I understand that I will have an opportunity to review my criminal history record and that a procedure is available for clarification, if I dispute the record as received.

General Release from Liability: On behalf of myself and my agents, representatives, heirs, executors and administrators, I hereby release, discharge, and forever hold harmless CC, and each of their agents, employees, representatives, and directors, from all liability, costs or damages resulting from the investigation of my background in connection with my application for volunteer placement or internship placement at CC. I agree not to sue CC, or the Center, or any of their agents, employees, representatives, or directors, for any claim or cause of action related to or based upon this investigation. If accepted as a volunteer or intern or if a current volunteer or intern, I agree to abide by all rules and policies of CC as explained in the Volunteer & Intern Guide, including any amendments that may be made from time to time. I also agree to notify CC immediately in the event that I am indicted for a felony or crime of moral turpitude.

Please print the following information. This information is needed by the Texas Department of Public Safety to conduct the Criminal Background History Check.

First Name: _____ **Middle Name:** _____

Last Name: _____ **Maiden Name:** _____

Have you had a **Name Change**, had other **Married Names** or used **Nicknames** or been known by **Any Other Name/s**:

Social Security Number: _____ **Date of Birth:** _____

Driver's License Number: _____ **State of Issuance:** _____ **Type/Class:** _____

Place of Birth: _____ **Country of Citizenship:** _____

Name as it appears on Driver's License: _____

Current Address: _____

City, State, Zip Code: _____

County: _____

Home Phone: _____

Mobile Phone: _____

Mother's Maiden Name (needed for international searches): _____

All previous address for the last 5 years – Address, City, State, and Zip Code, county if known:

Failure to fully and accurately provide the information requested above, or falsification of any information requested, will result in removal of the applicant from consideration for volunteer or internship placement or discharge from placement if currently a volunteer or intern.

I certify that I have read, fully understand, and accept the policy and all terms of the foregoing Background Check Authorization and Consent and Release. I understand that the company may use any information obtained in making decisions regarding my employment with Catholic Charities of the Archdiocese of Galveston- Houston. I certify that all information provided on this form is true, accurate, and complete.

Printed Name

Signature

Date

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 checked="" 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 checked="" type="checkbox"/> No				

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

Catholic Charities Acknowledgement Form***St. Michael's Homes for Children and St. Jerome Emiliani's International Foster Care and Group Home programs***

The following is being provided to you as an applicant to an agency program that provides services to the Office of Refugee Resettlement (ORR) Unaccompanied Alien Children (UAC) population.

ORR is committed to providing a safe environment to all UAC in its care, including protecting UAC from sexual abuse and sexual harassment. In order to ensure the safety of UAC, who are under the age of 18, care provider facility staff, contractors, volunteers, and interns, must comply with the following Code of Conduct.

1. Volunteers and Interns will not engage in any form of sexual abuse or sexual harassment, as defined at Section 4.1 of ORR's UAC Policy Guide.
2. Volunteers and Interns will not verbally or physically abuse any unaccompanied alien child.
3. Volunteers and Interns will not engage in sexual contact with anyone while on duty or while acting in the official capacity of their position.
4. Volunteers and Interns will not exchange letters, gifts, pictures, phone numbers, e-mail addresses, or social media information with any UAC in ORR care or within three years of the child's discharge. Requests for exceptions must be submitted in writing to and approved by Catholic Charities Program Leadership.
5. Volunteers and Interns may not have contact with any unaccompanied alien children outside of the care provider facility beyond that necessary to carry out job duties while the child is in ORR care or within three years of the child's discharge. Requests for exceptions must be submitted in writing to and approved by Catholic Charities Program Leadership.
6. Volunteers and Interns must confine their relationships with UAC families and sponsors to those activities which fall within the scope of the volunteers and Interns' job duties. Requests for exceptions must be submitted in writing to and approved by Catholic Charities Program Leadership.
7. Volunteers and Interns may not engage in a romantic or sexual relationship with a UAC while the child is in ORR care or within three years of the child's discharge.
8. Volunteers and Interns may not live with a UAC within three years of the child's discharge.
9. Volunteers and Interns must report knowledge, suspicion, or information about sexual abuse, sexual harassment, or inappropriate sexual behavior according to mandatory reporting laws, Federal laws and regulations, and ORR policies and procedures.
10. Volunteers and Interns with knowledge or information of a Volunteers and Interns violating this Code of Conduct must report this knowledge or information to their supervisor.
11. Volunteers and Interns have a continuing affirmative duty to disclose any misconduct that occurs on or off duty.

Catholic Charities must immediately dismiss any volunteers or interns who violates this Code of Conduct. Catholic Charities must suspend any volunteers or Interns suspected of violating this Code of Conduct pending investigation.

This form meets requirements set forth by the Office of Refugee Resettlement Section 4: Preventing, Detecting, and Responding to Sexual Abuse and Harassment, 4.3.5 Staff of Code of Conduct.

I also understand that this acknowledgement form will be maintained as part of my volunteer or intern file.

Printed Name

Signature

Date