

## **Volunteer Agreement:**

I hereby authorize Senior Connect to request and receive any and all background information about or concerning me, including, but not limited to, my Criminal History and Driving Record. I authorize Senior Connect or any of its components to make reference checks relating to my volunteer service. I understand that this information will be used to determine my eligibility as a volunteer with Senior Connect. The criminal history, as received from the reporting agency, may include arrest and conviction data, as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency. I also understand that the criminal history could contain information presumed to be expunged. I acknowledge that I have voluntarily provided my personal information for volunteer purposes, and I have carefully read and understand this authorization. If approved for volunteer service, I agree to perform the services described in the Handbook for Meals on Wheels volunteers. I certify that I am not an employee of Senior Connect and am not entitled to compensation or benefits. I understand that Senior Connect assumes no responsibility or liability for my safety or for the consequences of my activities. I further agree to maintain the same strict confidentiality pertaining to client information that is expected of the paid staff. I also acknowledge my responsibility as a volunteer of a DADS service agency to report reasonable suspicion of a crime against an individual. I understand that I should report any incident that I suspect may be a crime even if I am not sure. I realize that if I fail to report as required, I may be subject to civil money penalties and/or barred from participation in any federal health care program.

- Senior Connect will review the criminal history record and not employ or accept application for volunteer services from anyone convicted of an offense listed in Texas Health and Safety Code, 250.006 or who have been convicted of an offense that we determine to be a contraindication to the service being rendered.
- Senior Connect will perform a search of DADS Employee Misconduct Registry and Nurse Aid Registry of all employee and volunteer applicants and will not employ or accept application for volunteer services from anyone listed on the Registries.
- Senior Connect will perform a search of the Texas Comptroller of Public Accounts Debarred Vendor List and will not enter into agreement with anyone listed as being Debarred.
- Senior Connect will review the LEIE maintained by the United States Department of Health and Human Services, Office of Inspector General, and the LEIE maintained by the Texas Health and Human Services Commission, Office of Inspector General for volunteers, upon initial application submission.
- Senior Connect will not employ or accept application for volunteer services from anyone listed on either LEIE.

**Texas law requires any person who believes that a child or person 65 years or older or an adult with disabilities is being abused, neglected, or exploited to report the circumstances to the Texas Department of Family and Protective Services Abuse Hotline. Any person who suspects abuse and does not report it can be held liable for a Class-A misdemeanor.**

- **To report suspected abuse, neglect or exploitation of a client by someone who is a paid provider call: 1-800-458-9858.**
- **To report suspected abuse, neglect or exploitation of a client by someone who is NOT a paid provider call 1-800-252-5400.**

**I acknowledge that I have read and understand the volunteer agreement and my responsibilities associated with volunteer service.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Name (Last, First, Middle Initial):</b>	
<b>Other Names Used:</b>	
<b>Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Telephone:</b>	
<b>Date of Birth (mm/dd/yyyy):</b>	
<b>Driver License Number and State:</b>	
<b>Last 4 of SSN:</b>	
Emergency Contact name:	
Emergency Contact phone number:	
Emergency Contact relationship to you:	
Senior Center Volunteer location:	

For office use only: I certify that this applicant's information was reviewed, yielding the following result:

<b>Source</b>	<b>Cleared for Volunteer Service</b>	<b>Restricted from Volunteer Service</b>
PublicData.com		
DADS Employee Misconduct Registry		
Nurse Aid Registry		
Texas Comptroller of Public Accounts Debarred Vendor List		

Name of Senior Connect employee \_\_\_\_\_

Signature of Senior Connect employee \_\_\_\_\_

Date of screening \_\_\_\_\_ Date of Start \_\_\_\_\_