##  Volunteer Information Form

# St. James House

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| Volunteer Information |
| Full Name: |       |       |     | Date: |       |
|  Last | First | M.I. |
| Address: |       |       |
|  Street Address | Apartment/Unit # |
|  |       |       |       |
|  City | State | ZIP Code |
| Phone: | (     )       | E-mail Address: |       |
| Social Security No.: |       | Date of Birth: |  |
|  |  |
| Have you ever volunteered for this company? | YES[ ]  | NO[ ]  | If yes, when? |       |
| Have you ever been convicted of a felony? | YES[ ]  | NO[ ]  |  |
| If yes, explain: |      |
|  |
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|  |
| Disclaimer and Signature |
|  |
| I certify that my answers are true and complete to the best of my knowledge.  |
| Signature: |  | Date: |  |

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| \*\*Please provide a copy of your driver’s license and social security card. |

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**Background Checks**

 ***Prior to volunteering with St. James House, every volunteer will be subjected to the following, but not limited to; DADS misconduct registry verification, Office of Inspector General exclusion, and a criminal background history check.***

State law and the Texas Department of Human Services require that this facility conduct a criminal background check on all volunteered persons who will be in contact with residents, and this facility will conduct this check. State law allows this facility to conditionally allow volunteer persons pending receipt of the results of a criminal background check. However, persons conditionally volunteered are required to affirm that they have not been convicted of certain offenses under the Texas Penal Code which are a bar to volunteers.

These criminal offenses that will **bar volunteers** are:

 Chapter 19 — Criminal homicide:  includes Murder, Capital Murder, Manslaughter, or Criminally negligent homicide

 Chapter 20 — Kidnapping and unlawful restraint

 §21.02 — Continuous sexual abuse of young child or children

 §21.08 — Indecent Exposure

 §21.11 — Indecency with a child

 §21.12 — Improper relationship between educator and student

 §21.15 — Improper photography or visual recording

 §22.01 — Assault: Class A Misdemeanor or Felony conviction, which occurred within the previous five years.

 §22.011 — Assault, Sexual

 §22.02 — Assault, Aggravated

 §22.021 — Assault, Aggravated Sexual

 §22.04 — Injury to a child, elderly individual, or disabled individual

 §22.041 — Abandoning or endangering a child

 §22.05 — Deadly Conduct

 §22.07 — Terroristic Threat

 §22.08 — Aiding suicide

 §25.031 — Agreement to abduct from custody

 §25.08 — Sale or purchase of a child

 §28.02 — Arson

 §29.02 — Robbery

 §29.03 — Robbery, Aggravated

 §30.02 — Burglary: a conviction which occurred within the previous five years.

 Chapter 31 — Theft: a conviction that is punishable as a felony which occurred within the previous five years.

 §32.45 — Misapplication of fiduciary property or property of a financial institution: a Class A Misdemeanor or Felony conviction which occurred in the previous five years.

 §32.46 — Securing execution of a document by deception: a Class A Misdemeanor or Felony conviction which occurred in the previous five years.

 §33.021 — Online solicitation of a minor

 §34.02 — Money laundering

 §35A.02 — Medicaid fraud

 §36.06 – Obstruction or Retaliation

 §37.12 — False identification as a peace officer: a conviction which occurred in the previous five years.

 §42.01(a)(7),(8), or(9) — Disorderly conduct associated with the discharge or display of a firearm in a public place: a conviction which occurred in the previous five years.

 §42.09 — Cruelty to animals

**** §42.092 – Cruelty to nonlivestock animals

 A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed above.

* Chapter 481 — Texas Controlled Substances Act:  a conviction that is punishable as a felony (involving manufacture, delivery, intent to distribute, conspiracy to possess or produce with intent to distribute, distribution to a minor, illegal expenditure or investment, or transfer or receipt of chemical laboratory apparatus).

Texas Penal Code

* §15.01 – Criminal Attempt of any offense listed as a bar
* §43.03 – Promotion of Prostitution
* §43.04 – Aggravated Promotion of Prostitution
* §43.05 -  Compelling Prostitution
* §43.25 – Sexual Performance by a Child
* §43.26 – Possession or Promotion of Child Pornography

 Other criminal offenses are a **potential bar** to volunteer(s) pending a state administrative review. These include:

 An offense under Chapter 22, Penal Code (assault offenses)

 An offense under Chapter 30, Penal Code (burglary)

 An offense under Chapter 31, Penal Code (theft)

 An offense under Chapter 32, Penal Code (fraud)

 An offense under Chapter 46, Penal Code (weapons)

 An offense under Section 21.07, Penal Code (public lewdness)

 An offense under Section 21.08, Penal Code (indecent exposure)

 An offense under Chapter 43, Penal Code (public indecency)

 A felony violation of a statute intended to control the possession or distribution of a substance included in Chapter 481, Government Code (Texas Controlled Substances Act)

**Volunteer Affidavit**

 ***I have read this document and have been given an opportunity to ask any questions about any part that I do not understand.*** I hereby affirm that I have no convictions of an offense listed above which would bar volunteering, and I acknowledge that a criminal history check will be submitted to the Texas Department of Human Services as required by law. I further understand that other offenses are a potential bar to volunteer under state law and/or the resident contact policies of this facility, and that my statement in this affidavit in no way limits my disclosure of other criminal offenses as required by the volunteer information form. I also understand that any incomplete information or misrepresentation, including by omission, on this form or on the facility volunteer information form, may be considered grounds for immediate cessation of my volunteer time.

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

 Volunteer Signature Date

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**ST. JAMES HOUSE**

**CONFIDENTIALITY STATEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (volunteer/intern/student), acknowledge that I have been informed both in writing and verbally of the facility’s policy on confidentiality. I have been informed that should I repeat anything that I hear, read, see or told about any resident, the business of the facility, any Quality Assurance concern or meeting, any complaint from a resident, family or staff or anything else that may relate to this St. James House, whether while I am volunteering service or after my voluntary duties are finished (whether by my choice or forced termination) may result in legal action against me.

I have been informed both verbally and in writhing that should I breach the confidentiality of St. James House by repeating anything that has to do with the business of St. James House or any of its residents or employees that St. James House may exercise its right to file suit against me for that breach of confidentiality.

I have been informed both verbally and in writing that I am not to discuss any incidents that occur at St. James House with other employees, family, or visitors or with anyone else that may contact me, including the news media, investigators or attorneys, without the permission of the Administrator. I understand that should I discuss any incident that occurs at this St. James House that I may be terminated as a volunteer and legal action brought against me. (This does not include the initial reporting of the incident to my immediate supervisor or the Director of Nursing).

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Volunteer/Intern/Student Signature Witness

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

Date Date



**Volunteer/Intern/Student**

**ANNUAL TB SCREENING QUESTIONNAIRE**

This form is intended to be used for volunteers, interns or students with a previous positive skin test and had a chest x-ray.

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| **In the past 12 months, have you had:** | **YES** | **NO** |
|  |
| √ | A persistent productive cough for 3+ weeks? | □ | □ |
| √ | Bloody sputum? | □ | □ |
| √ | Unexplained fatigue | □ | □ |
| √ | Night sweats? | □ | □ |
| √ | Unexplained, recurrent fevers? | □ | □ |
| √ | Any change in your general health, such as diagnosis of diabetes or otherchronic illness? | □ | □ |
| Should any of these symptoms develop during the year, please notify your supervisor and alert your regular physician of your positive skin test. |

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| --- | --- | --- | --- |
| Name: |  | Title: |  |
|  | (Please Print) |  |  |
| Signed: |  | Date: |  |