

Criminal History Check and Registry Verification Authorization

APPLICANT AUTHORIZATION/ACKNOWLEDGEMENT:

(To be completed by applicant)

I, (print applicant's name) _____, authorize Texhoma Christian Care Center to investigate my criminal history and obtain a copy of my records in the course of applying for volunteer services. I understand all information requested on this form is used solely for the purpose of obtaining my criminal history. I acknowledge that a conviction of a crime that prohibits a person from employment in a health care setting in the State of Texas applies to my application for this position. I also acknowledge that I may not be offered a position before the criminal history check and registry verification is completed and reviewed by Texhoma. I acknowledge that I have been informed that the person obtaining my criminal history report will not be the person making the selection decision. I further acknowledge that the person(s) making the selection decision will not have access to the investigation reports or their content. I acknowledge that the Community Liaison will only learn whether I am acceptable for volunteering in accordance with Texhoma Christian Care Center policies.

Printed Name:

(Last) _____, (First) _____, (Middle Name) _____

(Alias) _____, (Maiden Name) _____

(Date of Birth): MM ____ DD ____ YY ____

Applicant Signature _____ Date _____

REGISTRY CHECKS:

(To be completed by TCCC)

1-800-452-3934

Applicant's Social Security Number: ____ - ____ - ____

Employee Misconduct Registry: _____ No Record _____ Record (not to be hired)

Date of Checks: _____ Checks made by (print name): _____

Signature: _____