

References

Please list references: (2 Personal and 2 work or volunteer related references)

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Applicant Verification

I certify that all of the information on this application submitted to Texhoma CCC is true, correct, and complete. I understand that false, misleading, incomplete or omitted information will result in the rejection of my application or, if selected, released from volunteer work. I authorize Texhoma CCC and its agents to confirm all information on this application, to contact references and companies listed to obtain references and to investigate my suitability for volunteering. I agree to provide additional information if requested by Texhoma CCC or its agents. I authorize Texhoma CCC to conduct any investigation it deems necessary with respect to information supplied above. I authorize any former employer, present employer, school, college, university, credit or finance bureau, personal reference and/or any other person to give any information they may have concerning my employment, education, certification, licenses, character, criminal record, driving record, credit or other information of any kind or type. I hereby unconditionally release from all liability for any damage, whether cause directly or indirectly from giving or receiving this information or opinions, Texhoma CCC and any informant contacted whether named or unnamed.

Texhoma CCC is required to and will conduct a criminal record check under Texas Law. I understand that I will be ineligible for consideration of volunteer work with Texhoma CCC if I have committed certain criminal offenses.

I understand that, if selected, I will be required to follow the rules and regulations of the organization and that infractions of such rules may lead to my discharge.

I understand that my acceptance to volunteer in patient contact areas depends on Texhoma CCC ensuring that I have no health problems which would prevent me from volunteering effectively and with complete safety for myself and Texhoma CCC 's residents, family members, employees and visitors. Accordingly, I understand that my acceptance to volunteer will depend on the negative results of a TB tine test or chest x-ray.

I agree to immediately notify Texhoma Christian Care Center if I am convicted of, receive deferred adjudication or pre-trial diversion in, or otherwise plead guilty of or no contest to a felony, or any crime involving dishonesty or a breach of trust while my application is pending or during my period of volunteering, if selected.

I understand that my volunteer commitment to Texhoma Christian Care Center includes a commitment to confidentiality. Names, diagnoses and other resident-related information must not be shared.

I acknowledge that I have read and understand the information set forth above.

Signature

Date

If applicant is under 18, Signature of parent or guardian required

Date