



LUMIN EDUCATION VOLUNTEER PACKET

VOLUNTEER'S NAME:

DATE:

PAPERWORK CHECKLIST (FOR OFFICE USE ONLY)

Volunteers who will not work directly with children and/or those who will not be on campus during school hours, are asked to complete the following:

- Volunteer Application Form (all sections)
- Emergency Contact Form
- DPS Computerized Criminal History (CCH) Verification (Name-based search)
- Copy of Driver's License

Those working directly with children and/or those volunteering on campus during school hours, are asked to complete the following:

- Volunteer Application Form (all sections)
- Emergency Contact Form
- DPS Computerized Criminal History (CCH) Verification (Name-based search)
- Copy of Driver's License
- Request for Criminal History and Central Registry Check

Checked Online (Staff who are under the Child Care Licensing)

- Fingerprinting with DEPS
 - Check completed*
 - Received results*
- Social security Card
- Affidavit in reference to crimes (must be notarized)



Volunteer Application Form

I: Personal Information

Name: _____ Mr. Mrs. Miss. Ms.

Date of Birth: _____
Day / Month / Year

Address: _____ City, State & Zip: _____

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

Do you have any medical conditions that would limit your ability to perform certain tasks? If so, please list:

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Telephone: (Home) _____ (Mobile) _____

Have you ever been convicted of a crime or felony?
Yes No

If you checked yes, please provide details below.

Who can provide a personal reference for you?

Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

** Volunteers who will not work directly with children and/or those who will not be on campus during school hours may skip to section IV. All others are asked to complete the entire application.*

II. Your Skills and Interests

1. Are you applying for a specific role? Yes No

If yes, please answer the following, if no skip to question 2.

Role name _____ Which Lumin campus? _____

2. If not applying for a specific role, what kind of volunteer work are you interested in? Check all that apply.

(See a list of current volunteer opportunities on our website at www.lumineducation.org/volunteer for more information)

- Office support (phones, filing, receptionist, etc.)
- School Based Activities (Reading tutor, wellness volunteer, etc.)
- Project Based Volunteering (Campus improvement including repairs, gardening, special events, other)
- Internship in a particular department
- Committee or board member service

3. Where do you wish to volunteer?

(East Dallas, Bachman Lake area)

4. On what date are you available to start volunteering?

5. When are you available to volunteer? Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

6. Have you ever done any volunteer work before? Yes No

If you answered yes, please tell us a little about the experience

7. Why do you want to volunteer now? What has motivated you to get in touch with us?

8. Do you have any particular skills or qualities that you could use in your volunteer work?

III. How did you learn about Lumin?

9. How did you find out about volunteering with Lumin Education?

- Information / Outreach meeting
 - Lumin Education Website
 - Leaflet / Poster
 - Friend, neighbor referred me
 - A Volunteer Center or Event
 - Social Media
 - Other _____
-

IV. Child Safety and Equal Opportunities

Lumin Education is committed to equal opportunities. All volunteer recruitment decisions will not be influenced by race, color, nationality, religion, sex, marital status, family status, sexual orientation, age or disability. Lumin Education fully endorses a working environment free from discrimination and harassment.

Our schools are committed to standards of excellence in child protection practices. Where your volunteer role may have direct contact with children, you will be required to complete a background check, including fingerprinting, which will be processed by the Texas Department of Public Safety.

I declare that the information I have provided is true and I acknowledge that Lumin Education campuses are gun-free, drug-free and alcohol-free.

Signed _____ Date _____

EMERGENCY CONTACT INFORMATION

Name _____ Date of Birth _____ Email _____

Home Address _____

Mailing Address (if different) _____

Home Phone _____ Cell Phone _____

EMERGENCY CONTACTS

Name	Relationship	Home Phone	Cell Phone	Work Phone

MEDICAL CONDITIONS (OPTIONAL)

1 -	2 -	3 -
4 -	5 -	6 -

ALLERGIES TO MEDICATION (OPTIONAL)

Medication	Reaction

Signature: _____ Date: _____

DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION

(Agency Copy)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety secure Website and will be based on name and DOB information I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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(This copy must remain on file by your agency. Required for future DPS Audits).

Signature of Applicant or Employee

Last 4 digits of Social Security Number

___/___/____ ___/___/____
Date of Birth Today's Date

Agency Name (Please Print)

Agency Representative Name (Please Print)

Signature of Agency Representative

___/___/____
Date

For Office Use ONLY

CCH Report Printed:

Yes No _____ Initial

Purpose of CCH: _____

Hired Not Hired _____ Initial

Date Printed: ___/___/____ _____ Initial

Destroyed Date: ___/___/____ _____ Initial

Retain in your files

REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

Operation Name		Operation Number	Telephone No. (A/C)
Operation Address (Street, City, ZIP)		Operation Mailing Address (City & Zip)	
		County	

Chapter 42 of the Human Resources Code requires the director, owner or operator of a child care facility or family home to provide identifying information on the director, owner and/or operator, each employee and each person 14 years of age or older who will regularly or frequently be staying or working at the facility or home while the children are in care (other than a child in care at the facility or home). This information will be used to check for any criminal history that is a violation of minimum standards and the Department's central registry of abuse and neglect. It may be necessary for you to obtain additional information if the person does not live in Texas or may have a criminal history in another state. The criminal history and central registry checks are not intended to delay hiring new staff. You will be notified of the results of the check.

I verified (by looking at the person's social security card and/or driver license) that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration or listing.	
_____ Signature of Director, Owner, or Operator	_____ Date

Complete the following for each person requiring a Criminal History/Central Registry Check; verify that the information is accurate by checking the person's social security card and/or driver license; and return all required background check request forms to your local licensing office. All names used currently or in the past by the person must be entered. Without these names you may get cleared results when there is actually a match. **If a new person is being hired you must submit the request TO YOUR LOCAL LICENSING OFFICE WITHIN TWO DAYS after the person is hired or is present in the operation. Requests for background checks may be submitted by mail or through the TDFPS Internet at the following address: http://www.dfps.state.tx.us/Child_Care/Information_for_Child_Care_Professionals.** If you are submitting your request through the Internet please DO NOT submit this form to your licensing office. **If you are not submitting your request through the Internet the background check request form must be submitted to YOUR LOCAL LICENSING OFFICE.** Additional copies of this form may be obtained on the DFPS web site. For each person listed on this form or submitted through the Internet, a \$2 fee must be paid. A Form 2988-A, Child Care Fee Schedule, along with the fee(s), must be submitted to: **TDFPS, Accounting Division E-672, P.O. Box 149030, Austin, TX. 78714-9030.**

Failure to submit fee payments can result in adverse action including suspension or revocation.

<input type="checkbox"/> Initial		<input type="checkbox"/> 24 Month Check		<input type="checkbox"/> FBI Check Required	
Social Security Number			ID Type - Drivers License or ID Number -State		
First Name		Middle Name		Last Name	
Street Address		City		State	
County		Telephone No. (A/C)		Date of Birth	
				Gender <input type="checkbox"/> M <input type="checkbox"/> F	
You must list all other cities in Texas where there has been residency. If you lived outside of Texas in the previous 5 years you must also list previous address(es) outside of Texas, including the county:			Relationship of person to requestor <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Other Staff <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other		
Date Volunteering /Used by the Operation		<i>Ethnicity</i> (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native	
Other names used (married, maiden, etc.) First Name		Middle Name		Last Name	

DFPS Use Only	Worker Name--Last, first		Mail Code	District	Operation No.	Operation Type
	Date Received	Date Criminal History Entered	Date Central Registry Checked		Date FBI Card Submitted	

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AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STATE OF TEXAS
COUNTY OF DALLAS

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. pleaded guilty to (whether or not resulting in a conviction);
3. Plead nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____
(Seal, if any, of notarial officer)

My commission expires: _____