



LUMIN EDUCATION VOLUNTEER APPLICATION CHECKLIST

VOLUNTEER'S NAME:

DATE:

PAPERWORK CHECKLIST (FOR OFFICE USE ONLY)

Level I: 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
- Emergency Contact Form
- DPS Computerized Criminal History (CCH) Verification (Name-based search)
- Copy of Driver's License
- Standard of Conduct

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

- Volunteer Application Form
- Emergency Contact Form
- DPS Computerized Criminal History Verification
- Request for Criminal History and Central Registry Check
- Affidavit in reference to crimes (must be notarized)
- Fingerprinting
 - Check completed
 - Received results
- Copy of Driver's License
- Social Security Card
- Standard of Conduct



VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

Full Name: _____ Mr. Mrs. Miss. Ms.

Date of Birth: _____ Email: _____
Day / Month / Year

Address: _____ City, State & Zip: _____

Telephone: (Home) _____ (Mobile) _____

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

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: _____ Email: _____

YOUR SKILLS AND INTERESTS

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

If yes, please answer below. 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 list of current volunteer opportunities at www.lumineducation.org/volunteer.)

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

3. Where do you wish to volunteer? _____
(East Dallas, Lindsley Park, 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 below about your 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?

HOW DID YOU HEAR ABOUT US

How did you find out about volunteering with Lumin Education?

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

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 acknowledge that Lumin Education campuses are gun-free, smoke-free, drug-free and alcohol-free.

Signed: _____ Date: _____



EMERGENCY CONTACT FORM

Full Name: _____ Date of Birth: _____ Email: _____

Home Address: _____

Mailing Address: (if different) _____

Home Phone: _____ Cell Phone: _____

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

Emergency Contacts:

Name	Relationship	Home Phone	Cell Phone	Work Phone

Medical Conditions (optional):

1.	2.
3.	4.

Allergies to Medication (optional):

Medication	Reaction

Signature: _____ Date: _____



DPS COMPUTERIZED CRIMINAL HISTORY 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 secured website and will be based on name and date-of-birth information I supply.

Because the name-based information is not an exactly 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 date-of-birth 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 date-of-birth 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 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 complete and the agency receives the data from Texas DPS, the information on my fingerprint history may be discussed with me.

(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:	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ Initial
Purpose of CCH:	_____
<input type="checkbox"/> Hired <input type="checkbox"/> 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	Zip
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	Ethnicity (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. Pleaded 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: _____



VOLUNTEER FINGERPRINTING INFORMATION

The following information is needed to complete and schedule a fingerprinting appointment for Lumin Education.

Full Name: _____

Country of birth: _____

Country of citizenship: _____

City of birth: _____

State of birth: _____

Eye color: _____

Hair color: _____

Height: _____

Approx. weight: _____

Signature: _____ Date: _____



STANDARD OF CONDUCT

All staff, consultants, and volunteers will:

- Respect and promote the unique identity of each child and family, and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability.
- Learn information about our children, families, and other staff members that is confidential and should be discussed with no one except appropriate staff members.
- Never leave a child alone or unsupervised while under their care.
- Use positive methods of child guidance and will not engage in corporal punishment, emotional or physical abuse, or humiliation. In addition they will not employ methods of discipline that involve isolation, use of food as punishment or reward, or deny any basic needs.
- Not solicit or accept personal gratuities, favors, or anything of significant monetary value from contractors or potential contractors;
- Be penalized for violating the standards of conduct for Lumin Education.

By signing below, I certify I have read and acknowledge the above information. My signature also certifies that I understand the information and am in agreement with the above standards.

Printed Name

Signature

Date