

BVCHEA Leadership Application

Name:

Date:

DL/State ID#:

Date of Birth:

Address:

Telephone numbers: (Home)

(Work)

(Mobile)

Email:

Activity applying for:

Criminal History:

As a part of my volunteer application and as identified by my signature on this application and the attached DPS form, I give my permission for BVCHEA to obtain a Criminal History Record check. I understand that a criminal conviction may disqualify me to serve with BVCHEA. BVCHEA reserves the right in its sole discretion to accept or refuse the services of any volunteer.

Have you ever been arrested? ___ Yes ___ No

If yes, please list the dates and reason(s) for the arrest(s)

Have you ever been convicted of a crime? ___ Yes ___ No

If yes, please list the date(s) and explanation:

References:

Please list the names of two adults, non-family over 18 yrs. of age, who know you and are able to discuss your qualifications for working with children.

Name: _____ Phone: _____

Email: _____

Address: _____

Relationship: _____ How long have they known you? _____

Name: _____ Phone: _____

Email: _____

Address: _____

Relationship: _____ How long have they known you? _____

Agreement:

It is my desire to be considered for a leadership position with BVCHEA. I have read, agree with, and will support the BVCHEA Statement of Faith and agree to abide by the BVCHEA By-Laws, Activity Policy and decisions of the BVCHEA board of directors. I understand that, regardless of previous appointments, BVCHEA is not obligated to appoint me to a leadership position. I understand that, prior to the expiration of my term, I am subject to suspension and removal by the BVCHEA board of directors for any and all violations of BVCHEA policies or principles.

As a volunteer, I understand I am offering my services to BVCHEA without compensation. I hereby irrevocably release, consent and allow BVCHEA, Inc. to use my photographs/likeness, as it pertains to my participation with BVCHEA, in any manner to promote BVCHEA and its programs without expectation of any reimbursement in connection with its use.

I further agree to indemnify and hold harmless BVCHEA, Inc., and its officers, agents, and employees from all liability, losses, expenses (including costs and attorneys' fees), and damages which arise out of or are related in any way to my participation in the activities of BVCHEA, Inc. I have read, understand, and voluntarily sign this release.

Name of Volunteer:

Signature

Date

Printed Name

Personal Information: (please attach additional pages if needed)

Have you read the BVCHEA Statement of Faith and Activity Policy? ___ Yes ___No

Do you fully support BVCHEA, its Statement of Faith, Activity Policy, and mission without reservations?
___Yes ___No

If not, where do you differ?

Are you involved in any activities or organizations that could be considered a conflict of interest to serving in BVCHEA? ___Yes ___No

If so, please explain.

Number of years home schooling:

Names and ages of children:

Name	Age	Name	Age

Please describe all previous BVCHEA volunteer experiences [include the year(s) volunteered]:

Please describe your previous leadership experience and your reasons for applying for BVCHEA leadership:

What church do you regularly attend?

DPS Computerized Criminal History (CCH) Verification (BVCHEA 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 identifiers 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 the DPS, the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee

Date

Brazos Valley Christian Home Educators Association

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Please:

Check and Initial each Applicable Space

CCH Report Printed: NO

CCH Report Viewed: YES NO _____ initial

Purpose of CCH: Volunteer working with children

Result: Allow Deny _____ initial

Date Printed: N/A

Destroyed Date: N/A

APPLICANT or EMPLOYEE NAME (Please print) _____

Please attach a copy of your driver's license or a copy of a government issued picture ID along with these completed forms