

# BVCHEA Volunteer Application

Name:	Date:
DL/State ID#:	Date of Birth:
Address:	
Phone: (Cell)	(Work)
Email:	
Activity applying for:	

## 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. Include one reference from a previous work or volunteer organization.

Name:	Phone:
Email:	
Address:	
Relationship:	How long have they known you?

Name:	Phone:
Email:	
Address:	
Relationship:	How long have they known you?

**PERSONAL INFORMATION:**

Have you read the BVCHEA Statement of Faith? \_\_\_ Yes \_\_\_ No

Do you fully support BVCHEA, its Statement of Faith, and mission without reservations?

\_\_\_ Yes \_\_\_ No

If no, where do you differ?

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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.

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Number of years home schooling: \_\_\_

Names and ages of children:

Name	Age	Name	Age

Please describe any relevant previous volunteer/leadership experience:

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Please give your reasons for wanting to volunteer with BVCHEA:

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What BVCHEA volunteer duties are you interested in performing? (select all that apply)

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| <input type="checkbox"/> Social media      | <input type="checkbox"/> Merch Store           |
| <input type="checkbox"/> Website           | <input type="checkbox"/> Sports Banquet        |
| <input type="checkbox"/> Info@bvchea Inbox | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Registration      | <input type="checkbox"/> Fundraising           |
| <input type="checkbox"/> Other:            |  |
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What sport-specific volunteer duties are you interested in performing? (select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Team Liaison         | <input type="checkbox"/> Teambuilding          |
| <input type="checkbox"/> Schedule             | <input type="checkbox"/> Media Day             |
| <input type="checkbox"/> Finances             | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Home Game Admissions | <input type="checkbox"/> Gear                  |
| <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Social Media          |
| <input type="checkbox"/> Other:               |  |
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What church do you regularly attend?

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Describe your experience living out your faith and answering the call to serve Christ in your daily life.

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As a volunteer, you may be asked to lead prayer, devotionals, and similar activities. What is your experience and comfort level with this type of role?

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**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)

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Have you ever been convicted of a crime? \_\_\_ Yes \_\_\_ No  
If yes, please list the date(s) and explanation:

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**AGREEMENT:**

It is my desire to be considered for a volunteer 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 and decisions of the BVCHEA Board of Directors. I understand that, regardless of previous appointments, BVCHEA is not obligated to appoint me to a volunteer 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

**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**

**Agency Name (Please print):** Brazos Valley Christian Home Educators Association

**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**