

PLEASE E-MAIL OR MAIL THE COMPLETED FORM TO YOUR
LOCAL ABILITY CONNECTION OFFICE



VOLUNTEER APPLICATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

Are you 18 years or older? Y N DOB: _____

Emergency Contact Name / Phone: _____

Employment History

Are you currently employed and if so where?

If you are a student, please let us know which school you attend and if you are full time or part time.

Educational Background

Please describe your educational background

Special Skills and Abilities

What special skills would you bring to Ability Connection? (E.g. foreign languages, working with special audiences, leadership/organizations)

Volunteer Experience

Please describe any volunteer involvement you have had with other organizations.

Volunteer Availability

Please provide us with your availability

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

Additional Information

- a. Have you previously worked for AC? YES NO
 - b. Do you have relatives employed with AC? YES NO
 - c. Have you ever been convicted of a criminal offense? YES NO
 - d. Have you ever been charged with child neglect or abuse? YES NO
 - e. Has your driver’s license ever been suspended? YES NO
 - f. Other than the above, is there any fact or circumstance involving your background that would call into question your being entrusted with the supervision, guidance and working with young people? YES NO
 - g. Have you ever been convicted for a crime, including sex-related or child-abuse related offenses? YES NO
- If yes, please explain (attach explanation, if needed):* _____

ABILITY CONNECTION VOLUNTEER AGREEMENT

I have volunteered my services to Ability Connection (AC). I hereby release AC and its officers, directors, employees, advisors, agents, patrons, and volunteers from any liability for any loss, cost, or damage to me or my property arising out of or in connection with my activities and/or time spent in connection with this volunteer work. I certify that my statements in this application and other required forms, are true, complete, and correct to the best of my knowledge and belief. I also agree that ALL statements made on this application may be investigated. I consent to the release of information, about my ability and fitness for volunteering with AC, by parties authorized by AC. I understand that information from my application or resume may be subject release to the public under the Public Information Act. I also consent to and authorize the use and reproduction by AC of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, and exhibitions or for any other use for the benefit of the program.

Volunteer Signature

Date

Parent / Guardian Signature (for minor)

Date

There are 31 offenses that are of concern for access to ABILITY CONNECTION (A.C.) facility. If a criminal history shows a conviction for any of these offenses, that person will be denied volunteer opportunities and access to A.C. facilities.

1. Any offense under Chapter 19, Texas Penal Code (criminal homicide). Includes murder, manslaughter, and criminally negligent homicide.
 2. Any offense under Chapter 20, Texas Penal Code (kidnapping and unlawful restraint). Includes kidnapping, aggravated kidnapping, and false imprisonment.
 3. An offense under Section 21.02, Texas Penal Code (continuous sexual abuse of young child(ren)).
 4. An offense under Section 21.08, Texas Penal Code (indecent exposure).
 5. An offense under Section 21.11, Texas Penal Code (indecenty with a child).
 6. An offense under Section 21.12, Texas Penal Code (improper relationship between educator and student).
 7. An offense under Section 21.15, Texas Penal Code (improper photography or visual recording).
 8. An offense under Section 22.01, Texas Penal Code (assault) punishable as a Class A misdemeanor or as a felony.
 9. An offense under Section 22.011, Texas Penal Code (sexual assault).
 10. An offense under Section 22.02, Texas Penal Code (aggravated assault).
 11. An offense under Section 22.021, Texas Penal Code (aggravated sexual assault).
 12. An offense under Section 22.04, Texas Penal Code (injury to a child, elderly individual or disabled individual).
 13. An offense under Section 22.041, Texas Penal Code (abandoning or endangering a child).
 14. An offense under Section 22.05, Texas Penal Code (deadly conduct).
 15. An offense under Section 22.07, Texas Penal Code (terrorist threat).
 16. An offense under Section 22.08, Texas Penal Code (aiding suicide).
 17. An offense under Section 25.031, Texas Penal Code (agreement to abduct from custody).
 18. An offense under Section 25.08, Texas Penal Code (sale or purchase of a child).
 19. An offense under Section 28.02, Texas Penal Code (arson).
 20. An offense under Section 29.02, Texas Penal Code (robbery)
 21. An offense under Section 29.03, Texas Penal Code (aggravated robbery).
 22. An offense under Section 30.02, Texas Penal Code (burglary).
 23. An offense under Section 32.45, Texas Penal Code (misapplication of fiduciary property or property of a financial institution) punishable as a Class A misdemeanor or as a felony.
 24. An offense under Section 32.46, Texas Penal Code (securing execution of a document by deception) punishable as a Class A misdemeanor or as a felony.
 25. An offense under Section 33.021, Texas Penal Code (online solicitation of a minor).
 26. An offense under Section 34.02, Texas Penal Code (money laundering).
 27. An offense under Section 35A.02, Texas Penal Code (Medicaid fraud).
 28. An offense under Section 37.12, Texas Penal Code (false identification as a peace officer).
 29. An offense under Section 42.01 (a)(7), (8), or (9), Texas Penal Code (disorderly conduct).
 30. An offense under Section 42.09, Texas Penal Code (cruelty to animals).
 31. A conviction under chapter 31, Texas Penal Code (theft), that is punishable as a felony.
- OR**
32. A conviction under the laws of another state, federal law, or Uniform Code of Military justice for an offense listed under 1-31 above.

If the criminal history shows any other conviction on that person's record that A.C.T. determines is a contraindication to access to an A.C.T. facility, A.C. will deny volunteer opportunities and access to A.C. facilities.

To the best of my knowledge, I certify that I do not have a criminal conviction record relating to the above mentioned offenses. I also understand that I will not only undergo a criminal history background check from DPS.

Signature _____
Date

Name: (Last, First, MI)		Maiden Name: (Last, First, MI)	
Other Names (alias, married names, etc.) (Last, First, MI)			
Mailing address (Street, City/State/Zip) (NO P.O. Box)			
Date of Birth (mm/dd/yyyy)	Social Security #	Driver's License (State & #)	Sex <input type="checkbox"/> M <input type="checkbox"/> F

Criminal History Background Check Completed By: _____ **Date:** _____
REVISED AS OF 09.01.11