## DFPS Background Check: Information Collection Form for CASA Employees / Volunteers

|   | Middle Name  | Last Name  |   |   |  |  |  |
|---|--|--|---|---|--|--|--|
| Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last  |  |  |   |   |  |  |  |
|   |  |  |   |   |  |  |  |
|   |  |  |   |   |  |  |  |
| Residence Street Address  |  |  |   |   |  |  |  |
| City  | County   | !  | State   | Zip Code  |  |  |  |
| Residence Telephone Number  | Alternate Telephone N  | umber  |   |   |  |  |  |
| •   | ·  |  |   |   |  |  |  |
| Date of Birth   | Gender :<br>☐ Male - ☐ Female  | SSN  |   |   |  |  |  |
| Race (check all applicable)  Asian Black White Am Indian/AK Native  |  | Ethnicity (check one, only)  Hispanic Not Hispanic   |   |   |  |  |  |
| ☐ Nat Hawaii/Pac Island ☐ Unable to Determine (or, none of the above) ☐ Unable to Determine  List other places you have resided (for a minimum of the past 5 years)   |  |  |   | e to Determine  |  |  |  |
| List strict places you have resided (for  | a minimum or the pact of yet   |  |   |   |  |  |  |
|   |  |  |   |   |  |  |  |
|   |  |  |   |   |  |  |  |
| Eligible for Case Connection: Yes   | No   |  |   |   |  |  |  |
| Email Address of the Subject of the Ba  | ckground Check:  |  |   |   |  |  |  |
|   |  |  |   |   |  |  |  |
| I am the person listed above and the in request a Texas Abuse and Neglect ba  |  |  |   |   |  |  |  |
| on my behalf.   | onground oneon unough the  | TOXAG DO   | partinoni or  | Taniny and Protocited Conviced  |  |  |  |
| Cignotive   |  | Data   | of Compon   | 4.  |  |  |  |
| Signature:  |  | _ Date   | of Consen   | τ   |  |  |  |
| DFPS Security Agreement for   | CASA Employees / V   | olunteer   | DFPS Security Agreement for CASA Employees / Volunteers   |   |  |  |  |
|   |  |  | 3   |   |  |  |  |
|   | , . <b>,</b>   | oranico:   | 3   |   |  |  |  |
| This agreement is for individuals who but who will be provided confidential in the individual represents.   | are not employees of the Texa  | ıs Departme  | ent of Family   |   |  |  |  |
| but who will be provided confidential in  | are not employees of the Texa  | ıs Departme  | ent of Family   |   |  |  |  |
| but who will be provided confidential in the individual represents.   | are not employees of the Texa<br>formation as part of a project, c   | os Departme<br>ontract, or a   | ent of Family<br>greement bei   | tween DFPS and the organization   |  |  |  |
| but who will be provided confidential in the individual represents.  I understand and acknowledge   | are not employees of the Texa<br>formation as part of a project, c   | as Departme  | ent of Family<br>greement bea   | tween DFPS and the organization  Department of Family and   |  |  |  |
| but who will be provided confidential in the individual represents.   | are not employees of the Texa<br>formation as part of a project, c<br>that information made av<br>ata that is considered co  | ailable to   | ent of Family<br>greement bei<br>me by the<br>under law   | Department of Family and I will use this information  |  |  |  |
| l understand and acknowledge Protective Services contains d with discretion in performing disclose this information to other  | are not employees of the Texas<br>formation as part of a project, contact<br>that information made avanta that is considered contact and responsible<br>er individuals only to the   | ailable to<br>nfidential<br>ilities as   | me by the under law a CASA Stat it is sp  | Department of Family and I will use this information Staff or volunteer and will ecifically authorized under  |  |  |  |
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