



Children's Advocacy Center of Hidalgo County  
Consent for Criminal and Background History Check  
Authorization/ Waiver/ Indemnity

First Name:	_____	Middle Name:	_____	Last Name:	_____	
Other names used (married, maiden, alias, etc.): _____						
Date of Birth:	_____	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	SS#:	_____	
Race:	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Unable to Determine
Ethnicity:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other	_____			
Address:	_____	City/State:	_____	Zip:	_____	
List any other addresses or cities in Texas you have lived in _____						
Driver's License #:	_____	State of Issuance:	_____	Phone #:	_____	

*It is necessary for the Children's Advocacy Center to perform criminal and DFPS (Texas Department of Family and Protective Services) background checks on our volunteers, student interns, board members and employees due to the population we serve. Please read and sign all following consent forms, which gives approval for the Children's Advocacy Center of Hidalgo County to perform a criminal and DFPS background search.*

I hereby give my permission for the Children's Advocacy Center of Hidalgo County to obtain information relating to my criminal and DFPS history record. The criminal and DFPS history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal and DFPS history records check may be repeated at any time. I understand that I will have the opportunity to review the history and a procedure is available for clarification, if I dispute the record as reviewed.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify each of the officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, sums of money, claims, and demands whatsoever, and any all related attorney's fees, court cost, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

Print Name:	_____	Title/Position:	_____
Applicant Signature:	_____	Date:	_____

<b>Office Use Only</b>			
Date Received:	_____	Date Submitted to DFPS:	_____