

**CITY OF SAN ANTONIO
 ADMINISTRATIVE DIRECTIVE 4.55
 CRIMINAL BACKGROUND CHECKS FOR VOLUNTEER PROCESSING
 Notification and Disclosure for “Sensitive Position”**

Department Name:

Division:

In accordance with Administrative Directive 4.55, Criminal Background Checks for Volunteer Processing, the City of San Antonio will conduct Criminal Background Checks as part of volunteer processing. Misdemeanor and Felony convictions will be assessed to include, but not limited to, violations of the Texas Penal Code (TPC); Department of Family & Protective Services (TDFPS); Texas Department of Public Safety (TXDPS); Texas Criminal Code (TCC); Texas Controlled Substance Act (TCSA); other related local, state, and federal legislations; and unsuccessful deferred adjudication revocations.

Notification and Disclosure

Volunteer positions have been identified by the City of San Antonio (COSA) as “Sensitive Positions” and have the potential for high risk if filled by individuals with certain criminal convictions. “Sensitive Positions” are positions that require working with or near children as well as the public; dealing with safety and requiring security clearance; and positions of trust.

- The City of San Antonio will conduct a CBC background investigation to obtain criminal conviction history. Based on these results, COSA will evaluate CBC results and determine eligibility, or ineligibility, for placement into a “Sensitive Position.”
- Falsification or omission of information on this form violates Administrative Directive 4.55, Criminal Background Checks for Volunteer Processing; and will end consideration of volunteer service.
- Answer all questions truthfully, factually, and completely. If you are unsure of completing required information, petition a formal request from the HR Employee Relation Business Partner for time (not to exceed 10 working days) to obtain the information.
- You must obtain a successful CBC Determination to be placed in a “Sensitive Position,” as a volunteer.

Personal Information (complete all sections)

Full Legal Name

Last _____ First _____ Full Middle Name _____

Other Names Used - Aliases, Nicknames, Maiden Names, Names by Marriage

Last _____ First _____ Full Middle Name _____

Date of Birth

Social Security Number

Sex

F M

Driver’s License or ID number _____

State of Driver’s _____

Minor: Yes or No _____

Residential Information (include City, State, Zip Code)

Current Address

Prior Address if Less Than 5 Years

Prior Address if Less Than 5 Years

Prior Address if Less Than 5 Years

**CITY OF SAN ANTONIO
ADMINISTRATIVE DIRECTIVE 4.55
CRIMINAL BACKGROUND CHECKS FOR VOLUNTEER PROCESSING
Notification and Disclosure for "Sensitive Position"**

Residential Information (include City, State, Zip Code) continued

List All Out of State Addresses in Past 10 Years

List All Countries You Have Lived in During the Past 10 Years

Conviction Disclosure

Have you ever been convicted of a Misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of a Felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever served a period of deferred adjudication?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you received deferred adjudication, was it terminated unsuccessfully?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently on deferred adjudication, deferred prosecution, or pre-trial diversion for any Misdemeanor or Felony conviction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have any pending criminal charges against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered "Yes" to any of the above questions, provide additional information about each crime below:

Type of Crime	Misdemeanor or Felony?	Date of Conviction	City and State

If you answered "No" to any of the above questions, are you stating that you have "nothing to report"? YES

Read and initial each statement below:

_____	The information I have provided on this form is true, accurate, and complete.
_____	I understand that falsification or omission of information is grounds for refusal of participation as a volunteer.
_____	I understand that COSA will be conducting criminal history background checks.
_____	I understand that these reports will be used for volunteer purposes.
_____	I understand that this acknowledgement is in effect throughout my time as a volunteer with COSA.

Acknowledgement (read, date, and sign in agreement)

The information I have provided is true, accurate, and complete.

Signature _____ Date _____

VOLUNTEER COORDINATOR or HR ERBP

I have reviewed the volunteer form and everything appears to be completed correctly.

Signature _____ Department _____ Date _____

FOR HR USE ONLY

Eligible to Volunteer Ineligible to Volunteer

Initials of HR staff that completed CBC _____ Date _____

**San Antonio Public Library
Background Check for Volunteers
Student and Parent /Guardian Release Form**

I hereby certify that all information on this form and the background check is true and correct, and I authorize investigation of answers on this form. I understand that any false statements may be sufficient cause for my application to be refused or for me to be discharged.

Authorization (read, date and sign in agreement)

Print Volunteer Name

Volunteer Signature

Date

Parent/Guardian Authorization (read, date and sign in agreement)

Print Parent/Guardian Name

Parent/Guardian Signature

Date

CITY OF SAN ANTONIO
LIBRARY DEPARTMENT

AGREEMENT INCLUDING WAIVER AND RELEASE

The City of San Antonio ("City") on condition of your signing this waiver and affirming the promises and statements contained below, agrees to permit you to participate in the volunteer service at San Antonio Public Libraries.

I, _____ acknowledge the following statements are true:

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of the City; all services are performed at my own risk.

I acknowledge that my participation in volunteer service entails known and unanticipated risks that could result in physical or emotional injury, damage to me, to my property, or to third parties.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

On behalf of myself, my heirs, personal representatives and executors, I hereby disclaim, release and waive any and all claims against the CITY for personal injuries or damages to property sustained by myself or any other person arising out of my participation in volunteer service, including claims and damages arising in whole or in part from the negligence of the CITY, its agents or employees.

IT IS MY EXPRESS INTENT TO RELEASE THE CITY FROM ANY AND ALL CLAIMS ARISING FROM MY PARTICIPATION IN THE VOLUNTEER SERVICE REGARDLESS OF WHETHER SUCH CLAIMS ARE FOUNDED IN WHOLE OR IN PART UPON ALLEGED NEGLIGENCE OF CITY, ITS AGENTS OR EMPLOYEES.

In signing this release and waiver I am relying wholly upon my own judgment, belief and knowledge. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation as a volunteer, I may be found by a court of law to have waived my right to maintain a lawsuit against the City on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I read and understand it, and I agree to be bound by its terms.

SIGNATURE OF VOLUNTEER

SIGNATURE OF PARENT
(Required for volunteers under eighteen years of age)

DATE

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

EMERGENCY NUMBER

_____ **PHOTO RELEASE (please check)**

I hereby consent to and authorize the San Antonio Public Library and the City of, its publishers, licensees and assignees, permission to use and reproduce still photographs and/or film footage taken of me (and/or photos taken of my child/children) in whole or in part, with or without names, for editorial, trade or advertising purposes. I also confirm that I *waive all claims arising from such use for any additional compensation, damages, and invasion of privacy.*

VOLUNTEER SIGNATURE

SIGNATURE OF PARENT

(Required for volunteers under eighteen years of age)

DATE

Address

City

State

Zip Code

Telephone Number

Emergency Number

EMAIL