

Parks & Recreation

City of Pearland 4141 Bailey Road Pearland, Texas 77584 Phone: 281.412.8900 | Fax: 281.485.1893 pearlandtx.gov

Volunteer Authorization to Obtain Information

To be signed by Applicants 18 years old and older

I am applying to become a volunteer with the City of Pearland and/or its affiliates (collectively, the "City"). I certify that the information that I have provided to the City both orally and in writing is accurate and complete. By signing this authorization, I understand that the City may confirm the information I have provided and as part of this inquiry, a criminal background check and sex offender background check will be conducted. *Regarding criminal background checks, I further understand the City will consider 1) the nature and seriousness of any conviction; 2) the nature of the job duties for which I am applying, and 3) the amount of time that has passed since any conviction. I, on behalf of myself, my heirs and assigns, release any person, entity, or firm, including the City and any officer, agent or employee acting on its behalf, from any and all liability, now and in the future, arising out of or in connection with the request for, the use of, and disclosure of information obtained during these background checks. I understand that disclosure of this information to me or to others will be governed by City policy and state law.*

A copy of this authorization has the same effect as an original.

Name:				
(Please Print)	Last	First	Middle	
Include any other na	mes used:			
Sex : M (Month, Day, Year)	F Date of Birth :	Cell	Phone:	
Email address:				
Driver's License Nur	nber and State Issued:			
Handwritten Signature:			Date:	
	ninal history information on the i		City of Pearland, Director of	
Human Resources, 35	19 Liberty Drive, Pearland, Texa	as 77581.		

Title of the volunteer position applied for:___

Dear Volunteers,

You must submit the following DPS document in addition to the Volunteer Authorization to Obtain Information on the first page.

On the following document, please fill out 1) your name on the first line of the form, 2) sign as the Applicant and 3) date the form under Signature of Applicant. No other information should be filled out by an applicant.

Since the Volunteer Authorization to Obtain Information requests very few identifiers (name, birthdate, etc.) to run a background check, there may be more than one person with those same identifiers. *In the event you are disqualified* from results obtained from the background check, the DPS Computerized Criminal History (CCH) Verification document informs you that you will then have a choice to complete the fingerprint process to clarify your identity.

Thank you for your interest in volunteering with the City of Pearland!

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, ______, acknowledge that a Computerized Criminal

APPLICANT NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on <u>name and DOB</u> identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me <u>any</u> CHRI obtained using the <u>name and DOB</u> method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the <u>name and DOB</u> search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at <u>www.txdps.state.tx.us</u> /*Crime Records*/*Review of Personal Criminal History* or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant	
	Check and Initia
Date	CCH Report Printed:
	YES NO
Agency Name (Please print)	Purpose of CCH:
	Empl Vol/Contrac
Agency Representative Name (Please print)	Date Printed:
	Destroyed Date:
Signature of Agency Representative	Retair

Date