

**Tropical Texas Behavioral Health  
Student Internship and Volunteer Services**



1901 South 24<sup>th</sup> Avenue ☐ Edinburg, TX 78539☐(956) 289-7268

**Criminal Offenses Reporting Requirements**

I understand that I am to report all arrests, indictments, deferred adjudication and convictions for the following criminal offenses to the Volunteer Services Department at this facility:

- ☐ Sexual Offenses
- ☐ Drug Related Offenses
- ☐ Murder
- ☐ Theft
- ☐ Assault
- ☐ Battery
- ☐ Any crime involving personal injury or threat to another person as listed on the National Crime Information Center Uniform Classification Handout.

I understand that the report must be made immediately upon reporting for volunteer duties after the arrest, indictment, deferred adjudication or conviction.

I have received a copy of the form entitled National Center Information Center Uniform Offense Classifications and will familiarize myself with its content.

I understand that failure to abide by this policy may result in action being brought against me, including termination of my volunteer status.

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**Confidentiality and Participation Agreements**

Except for certain specified circumstances, Texas Law and Federal regulations require that all facility/Community Mental Health Mental Retardation Center records which directly or indirectly identify a client, a former client or potential client or any TXMHMR facility, shall be kept confidential.

I understand that violation of this confidentiality requirement can result in immediate dismissal from my duties as a student intern or volunteer at this facility/CMHMRC, subject to discretion of the Volunteer Service Coordinator.

I agree to conform to all rules and regulations of the department and the facility/CMHMRC to the best of my ability, and to respect the confidential nature of all case records and y personal contacts with consumers. I understand that I am not to participate in any consumer activity without staff and am to refrain from using names of any consumers in notes or school reports, class verbal discussions or presentations and am legally bound by the confidentiality laws of this state.

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*Signature*

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*Date*

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$24.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

Tropical Texas Behavioral Health  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Hire _____ Not Hired _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

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{ General { Employee  
{ Board

Name \_\_\_\_\_  
Last First Middle  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Street Apt.  
\_\_\_\_\_  
City State Zip Code

Are you employed? \_\_\_\_\_ { Full-time { Part-time  
Where? \_\_\_\_\_ Occupation \_\_\_\_\_  
Education (*Years Completed*) \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Other \_\_\_\_\_

Do you wish to work for internship credit? \_\_\_\_\_ Hours required \_\_\_\_\_  
School or University \_\_\_\_\_ Department \_\_\_\_\_ Credentials of Center supervisor needed \_\_\_\_\_  
Beginning Date \_\_\_\_\_ ***A copy of your program's Intern Guidelines must be attached.***  
Circle the Center location you prefer: Edinburg Harlingen Brownsville

Please list any experience with: persons with mental disorders, persons with intellectual disabilities, previous volunteer situations, previous applicable work experience and/or affiliations with community organizations (i.e., churches, clubs, etc.)

List three references (*other than relatives; one professional if available*)

1. \_\_\_\_\_  
Name Address Day phone #  
2. \_\_\_\_\_  
Name Address Day phone #  
3. \_\_\_\_\_  
Name Address Day phone #

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I understand that in order for me to work at Tropical Texas Behavioral Health as a volunteer or student intern, a criminal history background check will be requested from the Texas Department of Public Safety (DPS) or other suitable sources and that I will not be able to begin working until this clearance is obtained. If a record of criminal activities is revealed, I may be denied certain assignments. I also agree to report to the Volunteer Services Coordinator all arrests, indictments and convictions received during my assignment before returning to my duties.

In order to facilitate the DPS in making a positive identification for the criminal history check, I willingly provide the following information:

*This information assists the DPS in making a positive identification and in no way will be used to discriminate in placement in a volunteer assignment.*

Full Name (please print) Last First Middle

Date of Birth { Male { Female Race

Social Security # Signature Date

**PLEASE DO NOT WRITE IN THIS BOX**

Date Submitted to Central Office Control # Date Submitted to Consumer Relations Control #

Date Criminal Offense Reported back to Volunteer Services Completed by

Date Consumer Relations Reported back to Volunteer Services Completed by

**Reference Name Date Contacted/Initials Comments**

Reference Name	Date Contacted/Initials	Comments
1.		
2.		
3.		

Circle the Center department in which you would prefer to work::

Children's Mental Health    Adult Mental Health    IDD    Other

How much time can you work? \_\_\_\_\_

Why do you wish to work at Tropical Texas Behavioral Health?  
\_\_\_\_\_

Can you furnish transportation for yourself?    { Yes { No    Others \_\_\_\_\_

Do you have a valid driver's license?    { Yes { No    License # \_\_\_\_\_ SS# \_\_\_\_\_

Do you have the minimum auto liability insurance coverage required by state law?    { Yes { No

Verification of insurance (*Attach photocopy of card or certificate*)    { Yes { No

Have you ever been convicted by federal, state or any other law enforcement authorities for any violation of any federal, state, county or municipal law, regulations or ordinance?    { Yes { No

If yes, describe \_\_\_\_\_

I have read and agree to conform to the facility's policies and procedures to the best of my ability. I understand that I will start on a trial basis and agree to attend the orientation offered. I understand that information regarding the persons I work with is confidential. I understand that a criminal history background check will be requested from the Texas Department of Public Safety or other sources. All of the information on this application is accurate to the best of my knowledge.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**PLEASE NOTIFY IN CASE OF AN EMERGENCY**

\_\_\_\_\_  
**PLEASE PRINT                      Name                                              Address                                              Phone #**

**The Center is committed to the concept of equal opportunity. No individual shall be excluded from participation in, be denied the benefits of, or be subject to discrimination under any of the policies of the Center or any of its component facilities based on race, color, national origin, religion, sex, handicap, veteran status or political affiliation.**

**PLEASE DO NOT WRITE IN THIS BOX**

Interviewer \_\_\_\_\_ Date Interviewed \_\_\_\_\_

Applicant heard about program from \_\_\_\_\_

Date assignment began \_\_\_\_\_ Assignment area \_\_\_\_\_

Supervisor \_\_\_\_\_ Extension \_\_\_\_\_