

Full Name								
Address, City, State, Zip Code								
Cell Phone	Business Phone	Home/Alternate Phone						
Social Security Number <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table>				Date of Birth <table border="1" style="width: 100%; height: 20px;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table>				Email Address
Please indicate the hospital you would like to volunteer for: <input type="checkbox"/> Austin State Hospital <input type="checkbox"/> Big Spring State Hospital <input type="checkbox"/> Kerrville State Hospital <input type="checkbox"/> North Texas State Hospital – Vernon <input type="checkbox"/> North Texas State Hospital – Wichita Falls <input type="checkbox"/> Rio Grande State Center <input type="checkbox"/> Rusk State Hospital <input type="checkbox"/> San Antonio State Hospital <input type="checkbox"/> Terrell State Hospital <input type="checkbox"/> Texas Center for Infectious Disease <input type="checkbox"/> Waco Center for Youth								
Have you ever volunteered before? If yes, please list experience with dates, and give work description: <hr/>								
Please state why you would like to volunteer: _____ <hr/>								
What type of volunteer work do you prefer? <input type="checkbox"/> Client Contact <input type="checkbox"/> Office/Operations <input type="checkbox"/> Special Events <input type="checkbox"/> Fundraisers <input type="checkbox"/> Volunteer Services Council								
Would you accept another assignment if your preference is not available? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Do you speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____								
Are you fluent in sign language? <input type="checkbox"/> Yes <input type="checkbox"/> No								
List your interests, hobbies, and community activities: <hr/>								
Highest Level of Education Completed: _____ Are you currently enrolled in a school, college, or university? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you seeking a volunteer opportunity for course credit, or as a course requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes answered to either question, please complete the following:								
Name of school, college, or university:		Name of Instructor/Professor:						
Class Credit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Class/Course:	Required Number of Volunteer Hours:						
If you are seeking any type of course credit or hours required by your school stop here. Please indicate the days and times you are available to volunteer: <hr/>								
Start date and length of commitment:								

Have you ever been convicted of any type of criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Are you currently employed by DSHS or any other state agency of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list your work history for the past 5 years, or the last 5 years that you were employed:

Name of Employer	Job Title	Full or Part Time
Address of Employer	City, State, Zip	
Name of Supervisor	Supervisor Phone	
Reason for Leaving:		
<div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>		
Name of Employer	Job Title	Full or Part Time
Address of Employer	City, State, Zip	
Name of Supervisor	Supervisor Phone	
Reason for Leaving:		
<div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>		
Name of Employer	Job Title	Full or Part Time
Address of Employer	City, State, Zip	
Name of Supervisor	Supervisor Phone	
Reason for Leaving:		
<div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>		
Name of Employer	Job Title	Full or Part Time
Address of Employer	City, State, Zip	
Name of Supervisor	Supervisor Phone	
Reason for Leaving:		
<div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>		

VOLUNTEER AGREEMENT

I, the undersigned volunteer applicant, affirm that the information that I have provided is true and correct to the best of my knowledge. I acknowledge that there will be a background check by DSHS in accordance with applicable laws, including, but not limited to, contacting the employers and organizations I referenced, Texas Department of Public Safety, Federal Bureau of Investigation, state Nursing Aide Registry, Employee Misconduct Registry, and the internal Client Abuse and Neglect Reporting System (CANRS). I consent to such background checks being performed on me now and in the future as long as I am an active volunteer.

I authorize and give permission to each and every employer and organization and their officers, employees, and representatives referenced in this application to give to DSHS any and all information regarding my previous employment, education, and any other information, personal or otherwise. I release all such parties from all liability which may result in any damages as a result of releasing such information to DSHS.

I acknowledge that State and Federal laws impose strict confidentiality requirements on DSHS and me and that I may be held civilly or criminally liable if I violate such laws. I understand that as a DSHS volunteer, my status with respect to DSHS is that of a volunteer only. I am not entitled to, nor do I seek any compensation for performance of duties as a volunteer. I am not entitled to any state employee benefits, of any kind or character, and am not covered by any Workers' Compensation program. If selected, I will begin volunteer service on a reciprocal trial basis. I also understand that volunteering provides no promise of future employment.

If I am selected as a DSHS volunteer, I agree as follows:

1. To conform to the Texas Department of State Health Services rules and regulations;
2. To safeguard any and all patient and other information shared with me and to keep all such information strictly confidential;
3. To actively participate in orientation and training;
4. To report to the DSHS Community Relations Director within five calendar days of each of these reportable events:
 - a.) any and all arrests, indictments, adjudications of guilt, pleas of guilty or nolo contendere, assessments of probation, pretrial diversion or community supervision/deferred adjudications for criminal offenses; and
 - b.) any dismissals, acquittals, or similar final outcomes that do not involve pleas of guilty or nolo contendere.

Therefore, in consideration of being permitted to perform duties as a DSHS volunteer, I, on behalf of myself and my heirs, do hereby fully and unconditionally release, discharge and waive any and all claims, demands and liabilities suffered in connection with my service as a DSHS volunteer, including but not limited to property damage, bodily injury and death.

Signature of Volunteer Applicant

Date

Emergency Contact		
Name of Person		
Relationship		
Phone Number:		

Emergency Contact		
Name of Person		
Relationship		
Phone Number:		

THIS SECTION TO BE COMPLETED BY DSHS STAFF ONLY:			
Program/Unit	Supervisor's Name	Telephone Number	
Volunteer Assignment/Position	Start Date	End Date	



Confidentiality Agreement
Consumer Affairs: Volunteers/Students/Interns

North Texas State Hospital

I will adhere to all rules, policies and procedures pertaining to confidentiality regarding all files and identification of clients, former clients or potential clients whom I come into contact with or about whom I receive information as a volunteer/intern.

I agree to follow all rules, policies and procedures to the best of my ability and to respect the confidential nature of all records and personal contact with clients.

I understand violation of this confidentiality requirement can result in immediate dismissal from my volunteer/intern placement at this facility/region/program or other legal action.

I have read and fully understand the above statements.

signature

date

printed name

**NORTH TEXAS STATE HOSPITAL
WICHITA FALLS CAMPUS**

VOLUNTEER CRIMINAL HISTORY AND REGISTRY CLEARANCES

I hereby give my permission for the Community Relations Department at NORTH TEXAS STATE HOSPITAL, Wichita Falls Campus, to obtain information relating to my criminal history record by way of fingerprinting; and registry clearances which may indicate a conviction, probation, arrest warrant or wanted person notice in my background.

I also understand that as long as I remain a volunteer with DSHS, the department may repeat this criminal history/registry clearances at any time. I understand that I will not be able to volunteer my time at any DSHS facility or community services location until this clearance is obtained.

Signature of Applicant

Date Signed

Please Print Full Name

Race

Sex

NTSH-Wichita Falls Campus
Originating Facility

Date of Birth

Social Security Number

**TEXAS DEPARTMENT OF STATE HEALTH
SERVICES CRIMINAL HISTORY DISCLOSURE**

The Texas Department of State Health Services completes a criminal history check for every applicant for employment or volunteer position in a State Hospital, at the time of application and annually thereafter. (Note: As used in this Disclosure, "State Hospital" includes State Centers but does not include the Texas Center for Infection Disease). All State Hospital applicants, employees, and volunteers are required to report **any and all** prior arrests, pending arrest warrants, guilty pleas, nolo contendere (no contest) pleas, deferred adjudications, pre-trial diversion, convictions, and any matter where probation or community service was and/or is involved (whether charges were dismissed or not). The **only** exception to this reporting requirement is for routine traffic tickets that do not involve an arrest.

Some, but not all, criminal offenses will bar you from employment or volunteering at a State Hospital. In addition, some, but not all, criminal offenses may be considered contraindications to employment or volunteer status at a State Hospital. Failure to provide this information will be considered grounds for denial of employment, denial of volunteer status, or dismissal from employment.

Note: Charges that were resolved by the assessment of deferred adjudication WILL still be reflected in your DPS criminal history record unless an Order of Nondisclosure was issued under Sec. 411.081 (d) of the Texas Government Code; therefore, your failure to disclose an offense for which you were assessed deferred adjudication will be considered grounds for denial of employment, denial of volunteer status, or dismissal from employment.

Please complete the following disclosure:

I, _____, an applicant, employee, or volunteer of _____ State Hospital / State Center, hereby state that: (check one box only)

D No, I have never been arrested, had an arrest warrant pending, pled guilty or nolo contendere, received deferred adjudication, been convicted, served probation or community service, or had and/or have any criminal action pending against me.

D Yes, I have been arrested, had an arrest warrant pending, pled guilty or nolo contendere, received deferred adjudication, pre-trial diversion, been convicted, served probation or community service, or had and/or have any criminal action pending against me.

If you checked Yes, you must complete the attached Criminal History Statement. You must provide a detailed statement about all arrests, arrest warrants, guilty or nolo contendere pleas, deferred adjudications, pre-trial diversion, convictions, probations, or community service. You must complete **every** section of the Criminal History Statement.

To enable the Department to complete a criminal history check concerning you, it is important that you accurately and completely disclose the following additional information (use additional sheets of paper, as necessary):

a) Please list every name and variation of names by which you are known to others: _____

b) Please list every date you have provided to others as being your date of birth: _____

c) Please list every number you have provided to others as being your Social Security Number: _____

I certify that the information I provided in this document, any supplemental page(s) attached and any attached Criminal History Statement(s) is (are) complete, true, and correct.

Applicant/Employee/Volunteer

Date

TEXAS DEPARTMENT OF STATE HEALTH SERVICES CRIMINAL HISTORY STATEMENT

Use this form to report any and all prior arrests, pending arrest warrants, guilty pleas, nolo contendere (no contest) pleas, deferred adjudications, pre-trial diversions, convictions, and any matter where probation or community service was involved (without regard to whether charges were dismissed). The only exception to this reporting requirement is routine traffic tickets that do not involve an arrest or if an Order of Nondisclosure has been entered by a judge in connection with an offense for which you received deferred adjudication.

Note: Charges that were resolved by deferred adjudication WILL be reflected in your DPS criminal history record unless an Order of Nondisclosure has been entered in connection with that matter. Therefore, unless an Order of Nondisclosure has been issued by a court after you successfully petitioned the court for such an order pursuant to Section 411.081(d) of the Texas Government Code, you must report any offense for which you were assessed deferred adjudication using this form.

Please use additional Criminal History Statement forms if you have any additional arrests.

<u>Employee/Applicant/Volunteer Full Name:</u> _____				
<u>Date of Birth:</u> _____ <u>Social Security Number:</u> _____				
Other names arrested under: _____				
Please describe the circumstances surrounding your arrest and the disposition of the charge against you. Include the specifics of the final charge against you, whether you were convicted, plead guilty or nolo contendere, received deferred adjudication, pre-trial diversion, served a prison term, were placed on probation, performed community service, or the charge has been dismissed.				
Date of Arrest	Alleged Offense	City/State Arrested In	Outcome of Arrest	Other Information
I have listed all arrests, arrest warrants pending, pled guilty or nolo contendere, received any deferred adjudication, pre-trial diversion, been convicted, served probation or community service, or had and/or have any criminal action pending against me.				
_____ Signature of Employee/Applicant/Volunteer			_____ Date signed	

By completing this form, you are providing information to the Privacy Officer of North Texas State Hospital to gain access to protected health information (PHI) for the persons we serve. Your signature is an agreement that you will access only the protected health information necessary to carry out the duties of your position or function at this hospital.

North Texas State Hospital Protected Health Information (PHI) Access Level For Employees, Volunteers/Students, Interns, and Reviewers

<input type="checkbox"/> Employee	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Intern	<input type="checkbox"/> Student	<input type="checkbox"/> Reviewer
First Name		Middle Initial	Last Name	
ID/Badge Number	Department (or reviewing agency if external reviewer)		Duty Station	
Working Title			Classification Title	

STANDARD PHI ACCESS LEVELS		
<i>(Check the access level needed to fulfill this person's job duties or functions)</i>		
Health Care PHI		
<input type="checkbox"/>	1-A	Full access to all records <ul style="list-style-type: none"> ▪ On-call officer (Medical Officer, Administrative Officer) ▪ Nursing shift coordinator
<input type="checkbox"/>	1-B	Full access to a limited set of records <ul style="list-style-type: none"> ▪ Direct care staff (physician, psychiatrist, dentist, RN, LVN, social worker, psychologist, service assistant, therapist technician, chaplain, pharmacist, dietitian, registered therapist) ▪ Student volunteer, if assigned to record reviews as part of class and/or training
<input type="checkbox"/>	1-C	Access to records limited to specific job functions <ul style="list-style-type: none"> ▪ Food service employee (e.g., diet information) ▪ Client worker supervisor ▪ Dental clinic employee ▪ Pharmacy employee (e.g. diagnosis, allergies, and medications) ▪ Clinical ancillary service employee: laboratory, x-ray, infection control, physical therapy, vision clinic, etc.) ▪ School district employee
Health Care Operations PHI		
<input type="checkbox"/>	2-A	Full access to all records <ul style="list-style-type: none"> ▪ Quality Improvement Council member ▪ Discipline director ▪ Patient care coordinator, quality management ▪ Medical records staff, admission staff ▪ Client rights staff ▪ Risk management staff ▪ Information services staff (e.g. patient database administration)
<input type="checkbox"/>	2-B	Full access to a limited set of records <ul style="list-style-type: none"> ▪ Non-clinical staff assigned to patient care unit, rehabilitation, medicine clinic: program director, administrative technician, clerk, and secretary
<input type="checkbox"/>	2-C	Access to records limited to specific job function <ul style="list-style-type: none"> ▪ Cashier office and trust fund staff (e.g. financial information) ▪ Accounting and business office (e.g. billing information from outside medical facilities) ▪ Community relations (e.g. provision of funds, clothing to specific patients) ▪ Switchboard (e.g. coordinating code blues, family/911 calls) ▪ Transcription pool (e.g. may only receive information; not allowed to retrieve PHI)

		<ul style="list-style-type: none"> ▪ Employee assigned to peer review committee or audit committee ▪ Non-clinical ancillary services support staff (e.g. scheduling patients for testing) ▪ External reviewer
Payment PHI		
<input type="checkbox"/>	3-A	Full access to all records (no standard assignments to this option)
<input type="checkbox"/>	3-B	Full access to limited set of records (no standard assignments to this option)
<input type="checkbox"/>	3-C	Access to records limited to specific job function <ul style="list-style-type: none"> ▪ Reimbursement ▪ Utilization management
Incidental PHI		
<input type="checkbox"/>	4-A	No access <ul style="list-style-type: none"> ▪ Human resource services and human resource development staff ▪ Auxiliary services: maintenance, grounds, motor pool, power plant, environmental services, laundry ▪ Central kitchen ▪ Mailroom and canteen ▪ Contract and materials management staff ▪ Volunteer ▪ Other (specify):

EXEMPTION TO STANDARD PHI ACCESS LEVELS**		
Health Care PHI		
<input type="checkbox"/>	1-A	Full access to all records
<input type="checkbox"/>	1-B	Full access to limited set of records
<input type="checkbox"/>	1-C	Access to records limited to a specific job function
Health Care Operations PHI		
<input type="checkbox"/>	2-A	Full access to all records
<input type="checkbox"/>	2-B	Full access to limited set of records
<input type="checkbox"/>	2-C	Access to records limited to a specific job function
Payment PHI		
<input type="checkbox"/>	3-A	Full access to all records
<input type="checkbox"/>	3-B	Full access to limited set of records
<input type="checkbox"/>	3-C	Access to records limited to a specific job function
Incidental PHI		
<input type="checkbox"/>	4-A	None
**Rationale required for exemption to standard access level:		

APPROVAL PATH:			
Requestor (employee, etc.)		Date:	
<i>*If external reviewer, department director must be Medical Records Director</i>			
Supervisor (optional)		Date:	
Department Director		Date:	
NTSH Privacy Officer		Date:	

North Texas State Hospital
VOLUNTEER ORIENTATION CHECKLIST

Name: _____

Please verify that you have received orientation in each of the following areas:

_____ How did you find out about our volunteer program: _____

_____ Description of Hospital programs; patients' diagnoses/behaviors

_____ Appropriate interaction with patients

_____ Confidentiality

_____ Client Abuse/Neglect reporting guidelines

_____ Traffic/parking regulations

_____ Dress code

_____ Infection control

_____ Name badge

_____ Security

_____ How to report your volunteer hours; who to call if absent

_____ Restrictions: No controlled substances, no tobacco, no photographs

_____ HIPPA training

_____ PMAB (if applicable)

Signature

Date

David L. Lakey, M.D.
Commissioner



Texas Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3199
512/458-7111

RELEASE FORM

STATE OF TEXAS

I, _____, hereby agree to permit the Texas Department of State Health Services to use my picture, obtained with my consent, in the form of photographs, motion pictures, and/or television pictures, and to reproduce, distribute, and disseminate such picture or pictures in whatever manner they may require for the purpose of carrying out health activities. I have not received, and I understand that I will not receive, any remuneration or other compensation for this purpose.

ADDITIONAL INFORMATION:

SIGNED: _____

If under 18 years of age, or in a condition of guardianship,
the signature of a parent or guardian:

Home address:

Date of Signature: _____, 20____

Received and accepted on behalf of the Texas Department
of State Health Services by:

Name and Unit

For more information or if you have questions please call (940) 689-5238.