## DFPS Background Check: Information Collection Form for CASA Employees / Volunteers

First Name . N	iddle Name	Last Na	ime		
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last					
Residence Street Address					
City	County		State	Zip Code	
Residence Telephone Number	Alternate Telephone Number				
Date of Birth	Gender : ☐ Male - ☐ Female	SSN			
Race (check all applicable)  Asian Black White Am Indian/AK Native Hispanic Not Hispanic  Nat Hawaii/Pac Island Unable to Determine (or, none of the above)					
List other places you have resided (for a r	minimum of the past 5 ye	ars)			
		₩·			
Eligible for Case Connection: Yes N Email Address of the Subject of the Backet	o []				
Email Address of the Subject of the Backt	ground Check:				
I am the person listed above and the infor request a Texas Abuse and Neglect back on my behalf.	mation I provided is true ground check through the	and corre Texas D	ct. I grant pe epartment o	rmission to the CASA program to f Family and Protective Services	
Signature:					
Date of Consent:  DFPS Security Agreement for CASA Employees / Volunteers					
				nt:	
	ASA Employees / V	oluntee	ent of Family	and Protective Services (DCDS)	
DFPS Security Agreement for C  This agreement is for individuals who are but who will be provided confidential information.	at information made available and responsibilities and responsibilities will be a certain at information made available and responsibilities and responsibil	vailable to specific as per particular to my or the curity agreement and the curity agreement an	ers  ment of Family agreement be o me by the il under law is a CASA that it is sp nd DFPS. I ot release t onfidential i as a CASA d that if I ae or more rganization. at I have re- reement.	and Protective Services (DFPS), etween DFPS and the organization  a Department of Family and a I will use this information Staff or volunteer and will becifically authorized under a fat any time a question or the information until I am so information for any purpose A staff or volunteer as they use this information in an applicable statutes and will and and understand the DFPS	