



LEE & BEULAH MOOR CHILDREN'S HOME

Notice to Volunteers & Intern Applicants

Please submit forms with a copy of your current driver's license & Social Security card. Without these two identification documents, we will not be able to process your application. Also, a current TB tine test (tuberculosis skin test) is required before volunteering.

Thank you,

Human Resources Department

_____ *Completion of "request for background check" and all other forms.*

_____ *Copy of driver's license*

_____ *Copy of Social Security card*

_____ *Current (within 30 days) TB tine skin test*

LEE & BEULAH MOOR CHILDREN'S HOME

1100 Cliff Drive, El Paso, Texas 79902
(915)544-8777

APPLICANT DISCLOSURE AFFIDAVIT

(Please read carefully)

Our agency screens prospective employees, foster/adoptive parents, and volunteers to evaluate whether an applicant poses a risk of harm to the children and youth it serves. This disclosure is required to be completed, in order to be considered, by applicants whose employment or potential employment with the facility or registered or licensed family home involves the opportunity for or the direct interaction with children. Information obtained is not an automatic bar to employment, foster care or volunteer work, but is considered in view of all relevant circumstances. Any falsification, misrepresentation, omission, or incompleteness in this disclosure alone is grounds for disqualification or immediate termination at any time during the course of employment.

APPLICANT: _____
(Please print complete name and last four (4) of social security number)

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

Yes	No	<i>(Initial "yes" or "no" and provide brief explanation for a "yes" answer on back of form)</i>
_____	_____	Been convicted of;
_____	_____	Pleaded guilty to (whether or not resulting in a conviction);
_____	_____	Pleaded <i>nolo contendere</i> or no contest to;
_____	_____	Admitted to;
_____	_____	Had any arrests or warrants issued or pending for;
_____	_____	Had any judgment or order rendered against me (whether by default or otherwise);
_____	_____	Pending any civil or criminal court litigation for;
_____	_____	Entered into any settlement of an action or claim of;
_____	_____	Had any license, certificate, or employment suspended, revoked, terminated, or adversely affected because of;
_____	_____	Been diagnosed as having or been treated for any mental or emotional condition arising from;
_____	_____	Resigned under threat of termination of employment or volunteer work; or,
_____	_____	Have or had any criminal charges (pending or otherwise) against me in this or any other jurisdiction for;
		Any allegation, any conduct, matter, or thing (irrespective of the formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

Yes	No	<i>(Initial answer "yes" or "no" and provide brief explanation for a "yes" answer below.)</i>
_____	_____	Any felony;
_____	_____	Crime(s) against person(s);
_____	_____	Robbery, theft or fraud;
_____	_____	Assault, battery, or other offense upon a person;
_____	_____	Assault, battery, or other offense involving a minor;
_____	_____	Drug- or alcohol-related offenses;
_____	_____	Rape or other sexual assault;
_____	_____	Incest;

Yes	No	<i>(Initial "yes" or "no" and provide brief explanation for a "yes" answer below.)</i>
_____	_____	Abuse and/or neglect of a minor or child, whether emotional, physical or sexual;
_____	_____	Kidnapping, false imprisonment, or abduction;
_____	_____	Sexual harassment;
_____	_____	Sexual exploitation of a minor;
_____	_____	Sexual misconduct with a minor;
_____	_____	Annoying/molesting a child;
_____	_____	Lewdness and /or indecent exposure;
_____	_____	Lewd and lascivious behavior;
_____	_____	Obscene or pornographic literature, photographs, or videos;
_____	_____	Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
_____	_____	Unfitness as a parent or custodian;
_____	_____	Removing children from a State or concealing children in violation of a law or court order;
_____	_____	Restrictions or limitations on contact or visitation with children or minors;
_____	_____	Any type of child abduction;
_____	_____	Similar or related conduct, matters, or things; or,
_____	_____	Accusation of any of the fore-mentioned.

Explanations: *(If you answered "yes" to any of the above, please explain. If none, write "none".)*

<u>Description</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____

The failure or refusal of the applicant to complete, sign or provide the affidavit constitutes good cause for refusal to give consideration for employment or hire the applicant.

The above statements are true and correct to the best of my knowledge.

Print Full Name

Date

Signature

LEE & BEULAH MOOR CHILDREN'S HOME

STATEMENT OF CONFIDENTIALITY

Lee & Beulah Moor Children's Home (LBMCH) requires all staff members (employees, foster parents, volunteers, interns, contract workers, and other applicable persons) to adhere to strict professional and ethical standards regarding information pertaining to its staff, children in care, clients and/or family members. Staff member having access to or knowledge of sensitive or confidential information concerning other LBMCH staff members, children in care, clients and/or family members will be held in the **STRICTEST CONFIDENCE**.

Confidential information will not be disclosed or shared with anyone outside LBMCH home without written consent of the employee, the conservator of a child(ren) in care, clients and/or family members or in some cases the CEO as addressed in specific policies. Confidential information discussed internally should be for business purposes only and as a need-to-know basis only. Staff members are charged with protecting the right to privacy that every staff member, child in care, client and/or family member deserves. Examples of information to be considered confidential (*for additional information consult Confidentiality Policy*):

1. Medical information, i.e., illness, occupational injuries, medical and family leaves of absence, disability accommodation, except in cases where there is a need-to-know basis.
2. Clients seeking information, consultation, or the status of actual placement of a child(ren) in any of the LBMCH programs or services (residential, adoption or foster care).
3. Agency financial (i.e., billing information, adoption fees, financial assistance) and personnel information such as performance evaluations, wage/salary information except in cases where there is a need-to-know basis.
4. Personal information concerning employees, volunteers, interns, children in care, clients, family members or other applicable persons disclosed to unauthorized third parties or used as a means of gossip.
5. Controversies or conflicts within or between departmental staff.

Generally, anything not designated as public information should be treated confidentially. LBMCH staff will not participate in or discuss sensitive information in any location where confidentiality cannot be guaranteed. The obligation to maintain confidentiality and to protect sensitive information gained through the course of employment concerning employees, child(ren) in care, clients or family members extends after termination of employment or service with LBMCH. The information gained by staff members in the course of carrying out their assigned responsibilities is proprietary to LBMCH. Failure to adhere to LBMCH confidentiality guidelines will result in disciplinary action, up to and including termination of employment. In some cases if confidentiality is not maintained, the law provides for both civil and criminal penalties for violations. In determining the appropriateness to disclose sensitive or protected information, unless otherwise authorized, the CEO is the final approving authority.

I have read the above Statement of Confidentiality and agree to abide by these standards as stated above and in the Confidentiality Policy.

Signature

Date

Printed Name

LEE & BEULAH MOOR CHILDREN'S HOME

1100 E. CLIFF DR.
EL PASO, TEXAS 79902
544-8777

INTERN/VOLUNTEER APPLICATION

DATE: _____

NAME: _____ SOCIAL SECURITY NO.: _____
(LAST) (FIRST) MIDDLE INITIAL

D.O.B. _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ARE YOU AT LEAST 18 YEARS OLD? _____ YES _____ NO U.S. CITIZEN _____ YES _____ NO

HOW DID YOU HEAR ABOUT LEE & BEULAH MOOR CHILDREN'S HOME? _____

DESCRIBE YOUR REASON FOR WANTING TO VOLUNTEER: _____

SPECIAL SKILLS, INTERESTS, HOBBIES, GROUP AFFILIATIONS: _____

DESCRIBE YOUR PAST PAID OR VOLUNTEER EXPERIENCES WITH YOUTH: _____

WHEN ARE YOU AVAILABLE FOR VOLUNTEER SERVICES? _____
(DAYS OF WEEK) (TIME)

YOUR PREFERENCES FOR VOLUNTEER WORK:

- | | |
|---|--|
| <input type="checkbox"/> TUTORING (EDUCATION) | <input type="checkbox"/> HOLIDAY PARTIES |
| <input type="checkbox"/> CHILDREN'S PLAY GROUP SUPERVISOR | <input type="checkbox"/> SORT/ORGANIZE CLOTHING ROOM |
| <input type="checkbox"/> CHILDREN'S PLAY GROUP ASSISTANT | <input type="checkbox"/> PLAN CHRISTMAS GIFT PROGRAM |
| <input type="checkbox"/> RECREATION ASSISTANT | <input type="checkbox"/> OTHER _____ |

EDUCATION _____ HIGH SCHOOL DIPLOMA OR GED.....GRADUATED _____ YES _____ NO
_____ COLLEGE.....GRADUATED _____ YES _____ NO
_____ BUSINESS OR VOCATIONAL
_____ PROFESSIONAL LICENSES OR CERTIFICATES

FOREIGN LANGUAGES SPOKEN: _____ WRITTEN: _____

PERSONAL REFERENCES *(NO RELATIVES, PLEASE)*

1. NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
2. NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
3. NAME: _____ PHONE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PRESENT EMPLOYER: _____ SUPERVISOR'S NAME: _____
ADDRESS: _____ PHONE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? _____ YES _____ NO

ARE YOU CURRENTLY CHARGED WITH A FELONY OR A MISDEMEANOR? _____ YES _____ NO

IF YES, PLEASE DESCRIBE BRIEFLY THE CIRCUMSTANCE OF YOUR CONVICTION OR CURRENT CHARGES, INDICATING DATE, NATURE, AND PLACE OF THE OFFENSE AND DISPOSITION OF THE CASE. YOUR ANSWER IS LOOKED UPON ONLY ON THE FACTORS CONSIDERED IN THE EMPLOYMENT DECISION AND IS EVALUATED IN TERMS OF THE NATURE, SEVERITY AND DATE OF THE OFFENSE AND ITS RELATION TO VOLUNTEER ACTIVITIES.

ARE YOU PRESENTLY EMPLOYED BY AN AGENCY SERVING CHILDREN? _____ YES _____ NO

IF YES, AT WHICH AGENCY? _____

HAVE YOU EVER BEEN EMPLOYED BY LEE & BEULAH MOOR CHILDREN'S HOME? _____ YES _____ NO

IN CASE OF AN EMERGENCY, CONTACT: _____ RELATIONSHIP: _____
CONTACT CAN BE REACHED AT: WORK PH: _____ HOME PH: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE INDICATED.

1. I AGREE THAT ANY WRITTEN OR ORAL MISREPRESENTATION IN MAKING HIS APPLICATION IS JUST CAUSE FOR DISMISSAL.
2. I UNDERSTAND THAT A CRIMINAL RECORD CHECK WILL BE CONDUCTED
3. I HEREBY AUTHORIZE REFERENCES LISTED ON THIS APPLICATION TO ANSWER ANY QUESTIONS AND FURNISH ANY ACCURATE INFORMATION FROM THEIR RECORDS CONCERNING ME, AND I HEREBY RELEASE SUCH COMPANIES AND PERSONS FROM ANY LIABILITY FOR SUCH ACTION.

APPLICANT SIGNATURE

DATE

OFFICE USE:

_____ RECORDS CHECK COMPLETED _____ ORIENTATION COMPLETED
_____ CRIMINAL HISTORY CHECK COMPLETED _____ VOLUNTEER AGREEMENT SIGNED
_____ REFERENCES RECEIVED _____ COPY OF DRIVER'S LICENSE

DATE COMPLETED: _____

SUPERVISOR: _____

JOB ASSIGNMENT: _____

LEE & BEULAH MOOR CHILDREN'S HOME

VOLUNTEER AGREEMENT

I, _____, offer to serve as a volunteer at
(Print Name)

Lee & Beulah Moor Children's Home (LBMCH). I understand and agree that:

1. As a pre-condition of being able to serve as a volunteer with LBMCH, I must complete the *Applicant Disclosure Affidavit* and agree to submit to a Criminal History Background Check through Texas Department of Protective Services (TDPRS).
2. If accepted, I will follow the supervision and direction of the LBMCH employee(s) to whom I have been assigned to perform my volunteer services and activities.
3. While on the premises of LBMCH, and while performing volunteer services, conform to all applicable administrative instructions and requirements of the Agency, including all regulations and procedures concerning conduct, safety, and client care.
4. In the course of volunteering for LBMCH, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
5. The relationship between LBMCH and volunteers is an "at will" volunteer arrangement. I am offering to volunteer my time and labor for the sole purpose of providing humanitarian services to LBMCH, a non-profit organization, without any expectation of receiving wages or other form of compensation at any time. This arrangement may be terminated at any time without cause by either the volunteer or LBMCH. At no time will I consider myself an employee or agent of LBMCH and waive any and all claims of compensation or benefits for any services performed or related to my volunteer assignment.
6. I am sufficiently physically fit to participate safely and I have not been advised otherwise.
7. I will be responsible for any cost or treatment for any illness or medical condition that may arise and that is or is not directly related to the performance of my volunteer assignment. I understand that it may be in my best interest to have or obtain adequate health insurance coverage prior to beginning my volunteer assignment.
8. To the extent permitted by law, hold the LBMCH harmless from any and all claims or actions which may arise by reason of volunteer services performed.
9. I authorize the Agency to investigate all statements made by me, and to contact all persons, companies, governmental agencies and schools named by me in this Application; I authorize all such persons, companies, governmental agencies and schools to provide all information known to them requested by the Agency concerning my employment history, character and qualifications; and I hereby release and forever discharge all such persons, companies and schools from any and all claims or causes of action, State or Federal, at equity or common law, including claims for defamation or invasion of privacy, which I might otherwise have against them for providing such information.

10. I understand that no representative of the Agency other than the President/Chief Executive Officer has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and that any such agreement must be in writing and signed by the President/Chief Executive Officer or it is not binding on the Agency.

I understand that my volunteer assignment will begin on _____ and end on

_____. I will be assigned to the _____
(Department/Section)

and my supervisor will be _____. I understand that my

volunteer assignment may be terminated at any time by either party to this agreement.

Volunteer Signature

Date

Printed Name

(Parent Guardian, as applicable)

LEE & BEULAH MOOR CHILDREN'S HOME

Procedure for Reporting Suspected Abuse or Neglect

! In the State of Texas, Child abuse and neglect are against the law, and failure to report is a Class B criminal offense, punishable by a \$2,000 fine and/or imprisonment for up to 180 days. In addition, failure to report could subject you to considerable monetary liability in a civil rights action.

! If you suspect a child has been abused or mistreated, you are required to report it to the Texas Department of Family and Protective Services (TDFPS) and/or to a law enforcement agency.

! You are required to make a report within 48 hours of the time you suspected the child has been or may be abused or neglected.

What is Abuse? Abuse is mental, emotional, physical, or sexual injury to a child or failure to prevent such injury to a child.

What is Neglect? Neglect includes: 1) failure to provide a child with food, clothing, shelter and/or medical care; and/or 2) leaving a child in a situation where the child is at risk or harm.

Receiving the Outcry:

1. Don't discuss the outcry in front of any children or staff.
2. Don't question the child in detail.
3. Don't allow the child to be questioned by multiple persons.
4. Don't show emotion or make comments, either positive or negative, when the child discloses they have been abused.
5. Do not confront or contact the offender.
6. Do not conduct an independent investigation.
7. Do not force the victim to confront the offender.
8. Do not allow the accused to confront the victim.

Reporting Procedures: At Lee & Beulah Moor Children's Home (LBMCH), if you suspect that any individual has abused and/or neglected a child in any manner, you are mandated to make a report. The report is made by the person who suspects or has knowledge of the situation, not by a supervisor. You are also mandated to report to TDFPS any outcry about abuse or neglect made by any child.

If you suspect or observe any incident of abuse or neglect, you must utilize the following procedures:

1. Protect the child, if necessary.
2. Report the incident to TDFPS and the LBMCH CEO.
3. If the CEO is not available, report to the next designated childcare administrator.
4. Write an Incident Report (include specific information about everything you have seen or heard, all steps taken in providing the child with protection, and all steps taken in reporting the alleged abuse/situation).

How do I make a report?

1. Utilize the TDFPS website to make the report. If this is not an option, call the abuse and neglect hotline at 800-252-5400
2. When you make a report, be specific. Tell exactly what happened and when. Be sure to record all injuries or incidents you have observed, including dates and time(s) of day. Note any witnesses. Keep this information secured.
3. Reports should be made as soon as possible, but not later than 48 hours.
4. Give the agency person any information you have about the relationship between the child and the suspected abuser.
5. Provide at least the following in your report:
 - a. Name, age, and address of the child
 - b. Brief description of the child
 - c. Current injuries, medical problems, or behavioral problems
 - d. Parents names
 - e. Witnesses
 - f. Any other information your requested to provide

! It is important to remember to err on the side of caution. If you have reason to suspect child abuse and/or neglect, but are not positive, you must **STILL MAKE THE REPORT!** It is not our job to decide or authenticate the report. It **IS** our only job to report. The law offers protection for those acting in good faith—you are protected.

! Do not engage in investigation(s) of the alleged/suspected incident(s) on your own. Consult with your supervisor, CEO and TDFPS.

Questions concerning this policy, the procedures or their interpretation may be directed to your supervisor, any program director or the CEO.

Acknowledgment of Reporting Procedures

I _____ have received instructions regarding the LBMCH Procedure for Reporting Suspected Abuse or Neglect of a Child. I acknowledge it is my responsibility to follow the guidelines set forth by the procedures and be knowledgeable, as applicable, of the Minimum Standards for General Residential Operations and Residential Treatment Centers: Subchapter D, Reports and Record Keeping, Subchapter F, Training and Professional Development and Subchapter H, Child Rights or the Minimum Standards for Child-Placing Agencies: Subchapter C, Division 1, Permit Holders Responsibilities and Division 8, Policies and Procedures; Subchapter D, Reports, Division 1 and Division 3, Personnel Records Reports and Record Keeping, which establishes the foundation for the these Procedures.

I further understand that failing to adhere to the minimum standards may result in disciplinary action, up to and including termination of employment.

Name (printed)

Signature

Date