

VOLUNTEER POLICIES ACCEPTANCE FORM

*I hereby acknowledge receipt and have read CCA's Volunteer Policies.

*I understand that it is my ongoing responsibility to read and understand the policies.

*I also understand and agree that the Volunteer Policies are not a contract for any specific period of time.

*Volunteers may not disclose confidential information to anyone who is not employed by CCA or to other persons employed by CCA who do not need to know such information to assist in rendering services. The disclosure, distribution, electronic transmission or copying of CCA's confidential information is prohibited. Any volunteer who discloses confidential information will be subject to disciplinary action (including possible termination), even if he or she does not actually benefit from the disclosure of such information.

*I give CCA permission to perform a background check from the Texas Dept. of Public Safety using the following information:

First Name: _____ Last Name: _____

Other Names such as Maiden: _____ Date of Birth _____

Volunteer Signature: _____ Date: _____

Background Check date: _____

Approved as CCA Volunteer _____ Not Approved _____

Comments:

CCA Staff Signature: _____ Date: _____