

Seton Medical Center Austin Volunteers

Criminal Background Check Policy

POLICY

Out of concern for the well-being and safety of the patients and families we serve, the Seton Medical Center Austin Volunteer Services Department performs criminal background checks on all volunteers. SMCA Volunteer Services deems it necessary and advisable as a matter of policy to reserve the right to disqualify and prohibit any person from serving as a volunteer, including one who has been arrested for, convicted of, been on probation for, or received deferred adjudication for any criminal conduct.

The right to disqualify applies to any criminal conduct regardless of whether (a) the criminal charges were subsequently dropped and the applicant was never prosecuted for the crime charged, or (b) the criminal charges resulted in a non-conviction such as probation, or (c) the criminal conviction was subsequently expunged from the applicant's record as the result of appropriate legal proceedings.

PROCEDURES

In order to screen prospective volunteers to identify those who have engaged in criminal conduct, SMCA Volunteer Services adopts the following procedure:

- a) Application: Each volunteer is required to fill out an application.
- b) Personal Interview: Each prospective volunteer will undergo an interview with appropriate staff or member of the SMCA Volunteers.
- c) Criminal Background Checks: Each prospective volunteer will give written consent for a criminal background check, conducted by the SMCA Volunteer Services Office. The form of authorization will be that prescribed by SMCA Volunteer Services Office.

COMPLIANCE WITH REQUIREMENTS

SMCA Volunteers and the Volunteer Services Office will comply with the requirements of the Criminal Information Act, including the destruction of criminal history record information promptly after the determination of the suitability of the volunteer.

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Consent for Criminal Background History Check

I hereby give permission for the SMCA Volunteer Services Department to obtain information relating to my criminal history record through the Texas Department of Public Safety. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the SMCA Volunteers and the Volunteer Services Department, and each of their officers, directors, employees, and agents harmless from and against any and all causes of action, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer.

Applicant's Signature Date
Please Print Name

Seton Medical Center Austin Volunteers
Volunteer Criminal History Records Check Statement

Full Name: _____

Last Name First Name Middle Name(do not abbreviate)

Sex: (please check) Male ___ Female ___

Date of Birth: ___ / ___ / ___

Year Month Day

Social Security Number : _____

Have you ever been convicted of a crime and are there any legal charges pending against you? ___yes ___no

If yes, please explain:

The signature represents my current legal name and any previously used names listed below.

Additional Names: _____

