Prairie View A&M University
Volunteer Information Form

Personal Data
Volunteer’s Name: ____________________________________________
Department: _______________________________________________
Address: __________________________________________________
City: ____________________ State: _____ Zip Code: _____________
Email: ________________________________

Emergency Contact Info: In case of an emergency, please list an individual we can contact.
Name: ____________________________ Relationship: ________________
Address: __________________________________________________
City: ____________________ State: _____ Zip Code: _____________
Phone Number: ____________________________

Dates volunteer services are to be performed:
From: _________________ To: ____________________________

Volunteer duties to be performed:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

APPROVALS

Volunteer’s Supervisor (Print) ___________________________ Signature

Budget Head/Director (Print) ___________________________ Signature

Vice President (Print) ___________________________ Signature

HR Use Only
Form reviewed and approved by:

HR Staff (Print) ___________________________ Signature Date
The Texas A&M University System

Volunteer Waiver

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

I certify that I am offering my services to The Texas A&M University System and/or one of its universities or agencies on a volunteer basis. I understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I further understand that I am not eligible for worker's compensation benefits if I am injured or become ill as a result of my volunteer work, and I am not eligible for unemployment compensation benefits when my volunteer assignment ends. I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work.

I certify that I am (check one):

☐ Not employed by the State of Texas, The Texas A&M University System or any other public entity, and I am performing the proposed volunteer work for civic, charitable or humanitarian reasons.

☐ An employee of the State of Texas or The Texas A&M University System. The proposed volunteer work is in a different occupational capacity from that in which I am employed, and I am performing the volunteer work for civic, charitable or humanitarian reasons.

Volunteer name (please print) ____________________________

Volunteer signature ____________________________ Date __________

Witness signature ____________________________ Date __________
Prairie View A&M University  
Confidential Release Form (Background Check)

An equal Opportunity/Affirmative Action Employer
Prairie View A&M University does not discriminate on any basis prohibited by applicable law including race, color, religion, sex, national origin, disability, age, citizenship status, or veteran's status in recruitment, employment, promotion, compensation, benefits or training. The information on this form is the property of Prairie View A&M University.

Hiring Department

Department  
Department Contact  
Phone Number

☐ Student Employee  ☐ Faculty/Adjunct  ☐ Staff

☐ Graduate Assistant  ☐ Volunteer  ☐ Temporary

Vacant Position Title

Applicant

Last Name  
First Name  
Middle Name

Other Name(s) You Have Used (Including Maiden Name)

Present Physical Address (exclude University addresses)  
Apartment #

City  
State  
Zip  
County

*Date of Birth  
Social Security Number  
*Gender  
*Race  
Contact Number

*Driver’s License  
*State issuing driver’s license

* Information is solely being used for the purpose of conducting a background check.

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize the Employer and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to Employer’s use of any information provided on this form or during the application process in performing the investigative consumer report. Employer has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Employer and any reporting agency Employer uses with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Employer. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

This form must be completed by the applicant and returned to the Student Employment Office.
The following are my responses to questions about my criminal history (if any).

Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).  □ Yes  □ No  If yes, please provide details below.

<table>
<thead>
<tr>
<th>State:</th>
<th>County:</th>
<th>Date of Offense:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Details of conviction:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

| □ Yes  □ No  If yes, please provide details below. |
| State:      | County:       | Date of Offense: |
| Details of conviction: |

Have you ever received probation or community supervision for any federal, state or municipal offense?

| □ Yes  □ No  If yes, please provide details below. |
| State:      | County:       | Date of Offense: |
| Details of conviction: |

Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

| □ Yes  □ No  If yes, please provide details below. |
| State:      | County:       | Date of Offense: |
| Details of conviction: |

As of the date of this consent form, do you have any pending charges against you?  □ Yes  □ No  If yes, please provide details below.

| State:      | County:       | Date of Offense: |
| Details of conviction: |

I hereby certify that all information provided in this consent form is true, correct and complete. If any information proves to be incorrect or incomplete, I understand that grounds for canceling of any and all offers of employment will exist and may be used at the discretion of the university.

Date ____________________________

Applicant (Print Name) ____________________________
Applicant’s Signature ____________________________