

TROPICAL TEXAS BEHAVIORAL HEALTH

VOLUNTEER/INTERNSHIP SERVICES

"The value of a man should be seen in what he gives and not what he is able to receive"-Albert Einstein

General Guidelines and Philosophy Statement

Tropical Texas Behavioral Health (TTBH) is committed to and involved in utilizing volunteers and interns to enrich programs and provide a broader understanding of mental health and intellectual and developmental disability services. Through our Volunteer Services Program, the talents, resources, creativity, and energy of concerned and willing citizens are channeled to respond to human needs. Volunteers and interns work along with paid staff to extend and enrich the mental health and intellectual and developmental disability services offered by TTBH.

Volunteers at TTBH are highly valued as a significant component of its programs. Their roles and functions are different from those of paid staff, but their goal, to provide the most beneficial environment for therapeutic care and treatment of clients, is the same.

Application/Placement

All individuals wishing to volunteer at any TTBH service site must complete an application. TTBH Volunteer Applications are available at our Human Resource department or at our website at TTBH.ORG. You must be at least 18 years of age to volunteer. Please include a copy of your Driver's License, Social Security Card, and vehicle insurance along with the application. The volunteer and/or internship work assignment, schedule for training, and initial work schedule date will be determined during the interview process. Applications will be reviewed 4-6 weeks before the initiation of a school semester on a first come, first served basis.

Criminal History Checks

All TTBH volunteers and employees are required to submit information and sign a consent for a criminal history check prior to beginning their work assignments. The individuals that we work for deserve the greatest level of assurance of a safe and therapeutic environment.

Training

Prior to beginning a work assignment, all volunteers and interns will be provided training related to Confidentiality, Client Rights, Client Abuse & Neglect, Introduction to Mental Illness, Introduction to Intellectual and Developmental Disabilities, and Infection Control. Volunteers are required to take defensive driving should driving be required in the volunteer position. Annual refresher courses will be provided as well. Volunteers are invited to attend relevant clinical trainings offered by the TTBH HR staff. All volunteers will receive on-the-job training appropriate to their assignment. Volunteers will be trained regarding individual client needs, program philosophy, direction, and goals. All training is documented in each individual's volunteer personnel file training record.

To learn more about becoming a volunteer/intern at Tropical Texas Behavioral Health, please call:

Human Resources Department
(956) 316-3297

E-Mail: internship@ttbh.org

Tropical Texas Behavioral Health

Student Internship and Volunteer Services



1901 South 24th Avenue – Edinburg, TX 78539 – (956) 289-7268

Criminal Offenses Reporting Requirements

I understand that I am to report all arrests, indictments, deferred adjudication and convictions for the following criminal offenses to the Volunteer Services Department at this facility:

- φ Sexual Offenses
- φ Drug Related Offenses
- φ Murder
- φ Theft
- φ Assault
- φ Battery
- φ Any crime involving personal injury or threat to another person as listed on the National Crime Information Center Uniform Classification Handout.

I understand that the report must be made immediately upon reporting for volunteer duties after the arrest, indictment, deferred adjudication or conviction.

I have received a copy of the form entitled National Center Information Center Uniform Offense Classifications and will familiarize myself with its content.

I understand that failure to abide by this policy may result in action being brought against me, including termination of my volunteer status.

Confidentiality and Participation Agreements

Except for certain specified circumstances, Texas Law and Federal regulations require that all facility/Community Mental Health Mental Retardation Center records which directly or indirectly identify a client, a former client or potential client or any TXMHMR facility, shall be kept confidential.

I understand that violation of this confidentiality requirement can result in immediate dismissal from my duties as a student intern or volunteer at this facility/CMHMRC, subject to discretion of the Volunteer Service Coordinator.

I agree to conform to all rules and regulations of the department and the facility/CMHMRC to the best of my ability, and to respect the confidential nature of all case records and y personal contacts with consumers. I understand that I am not to participate in any consumer activity without staff and am to refrain from using names of any consumers in notes or school reports, class verbal discussions or presentations and am legally bound by the confidentiality laws of this state.

Signature

Date

THIS FORM IS NOT TO BE USED AS A CONSENT / AUTHORIZATION FORM.

Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.

Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F <https://statutes.capitol.texas.gov/>.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is **not** allowed to discuss with me any CHRI obtained using the name and DOB method.

Optional Only: If the agency directly requests that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search, I can make an appointment with the Fingerprint Applicant Services of Texas (FAST) by visiting the [Crime Records General Information | DPS \(texas.gov\)](#) *Review of Personal Criminal History* or call the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

Applicant Signature:	Date:
Sign and date to acknowledge the statement above.	

Section 2: Agency use only. Must be completed by authorized personnel conducting search.

Agency Name:

Authorized Searcher:

Signature of Authorized Searcher:

Date of Search:

Section 3: Agency use only. Name Based CHRI /CCH Tracking information. Check all that apply.

Purpose for CHRI Search.	<input type="checkbox"/> Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Other:
Is any part of CHRI stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. <input type="checkbox"/> NO, CHRI is not stored by agency. <input type="checkbox"/> YES, CHRI is stored by agency.
CHRI Retention Period	<input type="checkbox"/> Temporarily Only <input type="checkbox"/> Annual <input type="checkbox"/> None Stored/Saved <input type="checkbox"/> Other:
CHRI Storage Method	<input type="checkbox"/> Physical/Printed (paper copy) <input type="checkbox"/> Digital/Electronic (on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	Reminder: CHRI must be destroyed after authorized purpose has ended.
Destruction Method	Explain:

[CHRI + Audit Resources \(CJIS Launch Pad\) link](#)

NSOPW Authorization Form

I, _____ voluntarily authorize Tropical Texas Behavioral Health to initiate a criminal background investigation as required by the National Sex Offender Public Website (NSOPW). I understand that the information will be provided and released to TTBH *as requested by Methodist Healthcare Ministries of South Texas, Inc.* in accordance with applicable statutes.

In connection with this request, I authorize any organization, law enforcement/criminal justice agencies, city, state, county and federal courts associated with the NSOPW registry to release information they may have about me and release all such parties from all liability which may result from furnishing such information.

I certify that all the information provided by me in connection with this form is true, accurate and complete.

This authorization, in original, fax, electronic or copy form, shall be valid for this and any future reports or updates that may be requested.

As a condition of employment this information is being requested to conduct a background investigation on you.

**** You must submit a copy of your Driver’s License with this form. ****

Complete full name as it appears on your Driver’s License.

Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Social Security Number: _____

Home Address: _____

Signature:

Date:

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1901 South 24th Avenue Edinburg, TX 78539 (956) 289-7268

{ General

{ Employee
{ Board

Name _____
Last First Middle

Home Phone # _____ Cell Phone # _____

Address _____
Street Apt.

_____ City State Zip Code

Are you employed? _____ (Full-time) (Part-time)

Employer: _____ Position: _____

Education (*Years Completed*) _____ High School _____ College _____ Other _____

Do you wish to work for internship credit? _____ Circle one: Undergraduate Graduate
School or University _____ Hours required _____
Department _____ Credentials of Center supervisor needed _____

Beginning Date _____
End Date _____

A copy of your program's Intern Guidelines must be attached.

Circle the Center location you prefer: Edinburg Weslaco Harlingen Brownsville

Please list any experience with: persons with mental disorders, persons with intellectual disabilities, previous volunteer situations, previous applicable work experience and/or affiliations with community organizations (i.e., churches, clubs, etc.)

List three references (*other than relatives; one professional if available*)

1. _____
Name Address Day phone #

2. _____
Name Address Day phone #

3. _____
Name Address Day phone #

Circle the Center department in which you would prefer to work::

Children's Mental Health Adult Mental Health IDD Other

How much time can you work? _____

Why do you wish to work at Tropical Texas Behavioral Health?

Can you furnish transportation for yourself? { Yes { No Others _____

Do you have a valid driver's license? { Yes { No License # _____ SS# _____

Do you have the minimum auto liability insurance coverage required by state law? { Yes { No

Verification of insurance (*Attach photocopy of card or certificate*) { Yes { No

Have you ever been convicted by federal, state or any other law enforcement authorities for any violation of any federal, state, county or municipal law, regulations or ordinance? { Yes { No

If yes, describe _____

I have read and agree to conform to the facility's policies and procedures to the best of my ability. I understand that I will start on a trial basis and agree to attend the orientation offered. I understand that information regarding the persons I work with is confidential. I understand that a criminal history background check will be requested from the Texas Department of Public Safety or other sources. All of the information on this application is accurate to the best of my knowledge.

Signature

Date

PLEASE NOTIFY IN CASE OF AN EMERGENCY

PLEASE PRINT Name Address Phone #

The Center is committed to the concept of equal opportunity. No individual shall be excluded from participation in, be denied the benefits of, or be subject to discrimination under any of the policies of the Center or any of its component facilities based on race, color, national origin, religion, sex, handicap, veteran status or political affiliation.

PLEASE DO NOT WRITE IN THIS BOX

Interviewer _____ Date Interviewed _____

Applicant heard about program from _____

Date assignment began _____ Assignment area _____

Supervisor _____ Extension _____