

**CRIMINAL HISTORY CHECK
STATE OF TEXAS HEALTH AND SAFETY CODE
TITLE F, CHAPTER 250**

Hendrick Medical Center and Affiliates is required to and will conduct a criminal record check under Texas Law. Volunteers are required to provide this executed affidavit indicating he/she has no conviction which would bar volunteering. Offenses under the following Penal Codes make an individual ineligible to volunteer:

- **Chapter 19, Criminal Homicide** - includes Murder, Capital Murder, Manslaughter and Criminally Negligent Homicide
- **Chapter 20, Kidnapping and Unlawful Restraint** - including Kidnapping, Aggravated Kidnapping and False Imprisonment
- **Section 21.02**, Continuous Sexual Abuse of Young Child or Children
- **Section 21.08**, Indecent Exposure
- **Section 21.11**, Indecency with a Child
- **Section 21.12**, Improper Relationship Between Educator and Student
- **Section 21.15**, Improper Photography or visual recording
- **Section 22.011**, Sexual Assault
- **Section 22.02**, Aggravated Assault
- **Section 22.021**, Aggravated Sexual Assault
- **Section 22.04**, Injury to a Child, Elderly Individual, or Disabled Individual
- **Section 22.041**, Abandoning or Endangering Child
- **Section 22.05**, Deadly Conduct
- **Section 22.07**, Terroristic Threat
- **Section 22.08**, Aiding Suicide
- **Section 25.031**, Agreement to Abduct from Custody
- **Section 28.02**, Arson
- **Section 29.02**, Robbery
- **Section 29.03**, Aggravated Robbery
- **Section 33.021**, Online Solicitation of a minor
- **Section 34.02**, Money Laundering
- **Section 35A.02**, Medicaid Fraud
- **Section 42.09**, Cruelty to animals
- A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed above.

Have you ever pled guilty or nolo contendere, been convicted of, received probation, **deferred adjudication or pretrial diversion** for any criminal offense, other than minor traffic citations? ___ Yes ___ No. If yes, provide information on criminal offense, date, location (city & state) and disposition: _____

Are you currently serving probation, deferred adjudication, or pretrial diversion for any criminal offense? ___ Yes ___ No. If yes, provide information on criminal offense, current status and expected date of completion. _____

Are you currently charged with or indicted for a felony or charged with a misdemeanor, other than a minor traffic citation, for which final disposition has not yet been rendered? ___ Yes ___ No. If yes, provide information as to the offense, date and location (city & state): _____

VOLUNTEER AFFIDAVIT

I have read this document and have been given an opportunity to ask any questions to explain sections I do not understand. I hereby affirm I have no conviction of an offense as listed above which would bar volunteering and acknowledge that a Criminal History check will be conducted through the Texas Department of Public Safety as required by law. I understand I will be ineligible to volunteer at Hendrick Medical Center and Affiliates if I have committed certain criminal offenses.

Volunteer Signature		Date
Last Name (Please print)	First Name (Please print)	Maiden Name (Please print)
Any other names (alias, married names, etc. – Please print)		Date of Birth
Race/Ethnicity	Sex: M ___ F ___	Social Security Number
Street Address		
	City	State
		Zip