

SPECIAL EVENT VISITOR FACILITY ACCESS AGREEMENT

Individuals may participate in as many as four volunteer-led events during a 12-month period of time without completing a volunteer application packet and enrolling in the Texas Juvenile Justice Department (TJJD) volunteer program. Participation is not guaranteed and is subject to approval by the community relations coordinator and the facility superintendent. This agreement must be completed and submitted to the location listed below at least two working days prior to the **first** scheduled activity/event, or by noon on the Thursday before a weekend activity. While a new form is not required for the 2nd, 3rd, or 4th visits to this same facility, you are expected to report any changes in your criminal history to the community relations coordinator before your next visit. You may complete an electronic version of this form and email it to the coordinator, if you do not have access to a scanner or fax machine. Your email will constitute an e-signature for the form.

Mailing Instructions						
TJJD Facility Mailing Address	City		State	Z	ip	
2261 JAMES TURMAN ROAD	GIDDINGS		тх	7	8942	
Community Relations Coordinator/Chaplain	Office Phone # 979-542-4500		Fax #			
ANITA SCHWARTZ			979-542-0177			
Community Relations Coordinator's/Chaplain's Email						
anita.schwartz@tjjd.texas.gov/frederick.he	orton@tjjd.texas.go	v				
Personal Information						
Full Name (Last, First, Middle)	Suffix (e.g		(e.g., Jr.) Ot		ther Names Used	
Address	Apt. #	City, State		Zip	Phone #	
Driver's License State and Number	Date of Birth	Email Address	6			
Additional Information						
What organization are you affiliated with?						
Bill Glass Behind the Walls						
Describe the event or activity in which you wish	to be involved (includ	e date and tim	e).			
AUSTIN "Day of Champions" - February 9), 2018	e date and tim	e).			
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AUSTIN "Day of Champions" - February 9 Are you interested in enrolling in the TJJD volur	b, 2018 Inteer program?					
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I will not give or exchange money or goods (including food), regardless of value, with a youth unless authorized by the community relations coordinator.			
I will comply with the schedule and conditions concerning the purpose and nature of the event I am attending.			
I will not bring in or use any religious materials intended for youth unless they have been pre-approved by the facility chaplain.			
I am aware that all sexual conduct with TJJD youth is strictly prohibited and will not be tolerated.			
I will not enter a youth's bedroom or sleeping area without a TJJD staff's permission and will not use bathrooms designated only for youth.			
Certification of Criminal History Information (please initial each statement)			
I hereby certify that each of the following statements are true , as indicated by my initials below, and understand that giving a dishonest response may disqualify me from ever becoming enrolled in the TJJD volunteer program.			
I am not currently the subject of any criminal investigation;			
There are no current criminal charges pending against me;			
I have never been convicted of any criminal offense (felony or class A or B misdemeanor) involving a juvenile/child victim or the direct endangerment of a juvenile/child;			
I have not been convicted of any felony offense (or an equivalent offense under the Uniform Code of Military Justice) within the past 15 years;			
I have never been convicted of a sex offense; and am not legally required to register as a sex offender.			
I have never been convicted of a capital offense, murder, aggravated kidnapping, aggravated robbery, burglary, trafficking of persons, or compelling prostitution.			
I will notify the facility's community relations coordinator before my next visit if I am arrested for or charged with any violation of the law, regardless of the severity or disposition.			
<u>-OR-</u>			
I am unable to answer one or more of the statements above as being true , and I am requesting an appointment to discuss my criminal history with the community relations coordinator.			

BY SIGNING THIS DOCUMENT, I ATTEST THAT EACH OF MY RESPONSES ON THIS FORM IS TRUE AND ACCURATE.

Signature: X Date:

TJJD Office Use Only:
Date of 1 st Event:
Date of 2 nd Event:
Date of 3 rd Event:
Date of 4 th Event: