Dear Prospective Volunteer:

Thank you for your interest in volunteering with Prevent Blindness Texas! Our vital work and success is made possible by our staff and our current and future VOLUNTEERS like you! There are many volunteer opportunities available for both individuals and groups that help support the cause and mission of Prevent Blindness Texas.

As a Prevent Blindness Texas volunteer, there is a wide-range of volunteer opportunities available such as becoming a certified vision screener, assisting at special events or participating in other ways that help us achieve our mission of preventing blindness and preserving sight. If you are interested in becoming a volunteer, please take a few minutes to review the Volunteer Application Packet to begin the volunteer application process.

The Volunteer Application Packet includes the following:

• PBT Overview (About Prevent Blindness Texas)
• Volunteer Opportunities
• Volunteer Code of Conduct and Ethics
• Risk Management Policies and Procedures
• Volunteer/Staff Training and Development
• Volunteer Acceptance Policy
• Volunteer Application Form
• Background Screening Consent Form
• Volunteer Acknowledgment and Receipt

Please review pages 1-8 of the Volunteer Application Packet and keep it for future reference. Please complete and return pages 9-13 to the Prevent Blindness Texas office for which you are applying to become a volunteer.

Once Prevent Blindness Texas reviews your application and completes a background check, you will be contacted to discuss your volunteer interests and availability. We look forward to meeting you and greatly appreciate your generosity of your time and talents. Thank you for your interest in volunteering with Prevent Blindness Texas!

Sincerely,

Debbie Goss
President and CEO
MISSION
The mission of Prevent Blindness Texas is to prevent blindness and preserve sight.

HISTORY
Established as a non-profit, voluntary health agency in 1956 and incorporated in 1965, Prevent Blindness Texas has been directly responsible for saving the sight and enhancing the visual quality of life for thousands of Texans.

WHO WE ARE
Focus on providing a continuum of vision care, Prevent Blindness Texas touches the lives of thousands of Texans through the following sight-saving programs and services:

- We screen the eyes of thousands of children and adults each year. Our vision screening help preschoolers at risk of vision loss from lazy eye, school children who depend on good vision for learning and adults threatened by glaucoma and other serious vision problems.
- We educate the public through brochures, fact sheets, public service announcements, media campaigns, and special events.
- We train and certify adult and children vision screeners through the only national program of its kind, providing numerous volunteers with the skills they need to help people in their communities.
- We advocate by working with government officials at the state, local and national levels - building grassroots advocacy movements that will improve our nation's public health policies and access to care.

CONTACT US
To learn more about our programs and services or to support our sight-saving services, visit www.preventblindnesstexas.org or call toll-free at 1-888-98-SIGHT or contact your nearest PBT office:

North Texas Region
3610 Fairmount Street
Dallas, TX 75219
Telephone: (214) 528-5521
Fax: (214) 521-5248

Southeast Texas Region
2202 Waugh Drive
Houston, TX 77006
Telephone: (713) 526-2559
Fax: (713) 529-8310

Southwest Texas Region
1600 N.E. Loop 410, Suite 125
San Antonio, TX 78209
Telephone: (210) 236-7360
Fax: (210) 236-7671
Prevent Blindness Texas has many volunteer opportunities available for both individuals and groups that help support the cause and mission of Prevent Blindness Texas. Please take a few minutes to review our Volunteer Opportunities listed below.

**CHILDREN’S VISION SCREENER:** Children Vision Screeners will conduct vision screenings at schools, health fairs, and community settings, as scheduled by Prevent Blindness Texas program staff. Upon completing the Children’s Screening Basics Course, participants will be able to manage or assist in an overall screening, set up the screening area, observe signs of potential vision problems and determine the pass/referral criteria for testing.

**ADULT VISION SCREENER:** Adult Vision Screeners will conduct vision screenings in community settings, as scheduled by Prevent Blindness Texas program staff. Adult Vision Screeners must complete the Prevent Blindness Texas training course that stresses the importance of regular eye exams, evaluating the results of screenings and conducting follow-up processes. Training participants will learn about risks for certain eye diseases, distance vision acuity tests, near vision acuity tests, exit interviews to interpret results for the person who is screened, and appropriate screening reports. Course participants become certified when they complete the Screener Basics Course and successfully demonstrate their knowledge of skills at an observed screening.

**HEALTH FAIR REPRESENTATIVE:** Health Fair Representatives will function as an advocate representing Prevent Blindness Texas by facilitating information booths/tables. Written literature on eye health and safety, programs, events and brochures outlining services from our organization are distributed at health fairs. Volunteers will be responsible for facilitating the booth set up, monitoring the volunteers, and breakdown of the exhibit. Volunteers will be responsible for returning all materials back to the office.

**EYE HEALTH & SAFETY SPEAKER:** Eye Health & Safety Speakers give professional eye health & safety presentations on behalf of Prevent Blindness Texas to various community groups. Prevent Blindness Texas will train volunteers on the core programs and specialty topics. Training to become a presenter is required.

**SPECIAL EVENTS:** Special Events volunteers help make the special events for Prevent Blindness Texas occur throughout the year. Volunteers are always needed for special events such as the Eye Ball, Light the Night for Sight Walk, Person of Vision Dinner and other special events.

**OFFICE SUPPORT:** Office Support volunteers will assist with day-to-day projects that may include database entry, research, filing, stuffing envelopes, mail outs, answering phones, special projects, and administration support.

**STUDENT INTERNSHIP:** Learn more about non-profit management with a hands-on internship with Prevent Blindness Texas. This position is unpaid, but offers a valuable learning experience for any college student looking to work in a non-profit sector when he/she graduates.

**OTHER:** There are many other volunteer opportunities with Prevent Blindness Texas. If you have a specific skill, we will work to accommodate your skill set with a specific volunteer position within the organization.
VOLUNTEER CODE OF CONDUCT & ETHICS

PURPOSE OF VOLUNTEER POLICIES
These policies are written to provide overall guidance and direction to people engaged in volunteering activities. These policies do not constitute, either implicitly or explicitly, a binding contractual or personnel agreement. Prevent Blindness Texas (PBT) reserves the exclusive right to change any of these policies at any time and to expect adherence to the changed policy.

DEFINITION OF A "VOLUNTEER"
A "volunteer" is anyone who, without compensation or expectation of compensation beyond reimbursement performs a task in support of the aims and objectives of Prevent Blindness Texas. Volunteers shall not be considered as "employees".

REPRESENTING PREVENT BLINDNESS TEXAS
Volunteers are asked to NOT contact organizations or individuals on behalf of PBT unless they are given directions to do so. Prior to any action or statement which might significantly affect or obligate PBT, volunteers should seek prior consultation and approval from appropriate staff. These actions may include, but are not limited to, public statements to the press, coalition or lobbying efforts with other organizations, or any agreements involving contractual or other financial obligations.

CONFIDENTIALITY
Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a single staff, volunteer, client, or other person.

DRESS CODE
As representatives of Prevent Blindness Texas, volunteers, like staff, are responsible for dressing appropriately for professional meetings or public advocacy/events; office dress code is business casual.

PROHIBITED USES
Volunteers are prohibited from using this service for the benefit or advantage of any person, except in conformance with PBT policy. Volunteers should not accept or seek any financial advantage or gain on behalf of or any other person. As representatives of PBT, volunteers, like staff, should not publicly use this service with the promotion of partisan politics, religious matters or positions on any issue not in conformity with the official positions of PBT. Prohibited uses also includes knowingly taking any action or making any statement intended to influence the conduct of PBT such a way as to confer any financial benefit on any person, corporation, or entity in which the individual has a significant interest or affiliation.

COPYRIGHT/OWNERSHIP ISSUES
Material produced by volunteers, including graphics materials, web page designs, narratives, research, compilations, texts, etc., becomes the property of PBT upon submission.

INAPPROPRIATE COMMUNICATIONS
If at any point you receive any e-mail that you feel is inappropriate, for any reason, and you believe you have received it in conjunction with your involvement as a volunteer please forward the email and other details about the communication to the Prevent Blindness Texas State Office.
REQUIREMENT OF SUPERVISOR
Each volunteer who is accepted to a position with the organization must have a clearly identified supervisor who is responsible for direct management of that volunteer. This supervisor shall be responsible for daily management and guidance of the work of the volunteer, and shall be available to the volunteer for consultation and assistance.

VOLUNTEER/STAFF RELATIONSHIPS
Volunteers and staff are considered to be partners in implementing the mission and programs of the organization, with each having an equal but complementary role to play. It is essential for the proper operation of this relationship that each partner understands and respects the needs and abilities of the other.

ACCEPTANCE OF VOLUNTEERS BY STAFF
Since individual staff is in a better position to determine the requirements of their work and their own abilities, no volunteer will be assigned to work with a staff person without the consent of that staff person. Since volunteers are considered a valuable resource in performing the organization's work, staff is encouraged to seriously consider creative ways in which volunteers might be of service and to consult with the staff members who supervise the volunteers in their region, if they feel in need of assistance or additional training.

ABSENTEEISM
Volunteers are expected to perform their duties on a regular scheduled and timely basis. If expecting to be absent from a scheduled duty, volunteers should inform their staff supervisor as far in advance as possible so that alternative arrangements may be made. Continual absenteeism will result in a review of the volunteer's work assignment or term of service.

SUBSTITUTION
Volunteers may be encouraged to find a substitute for any upcoming absences which might be filled by another volunteer. Such substitution should only be taken following consultation with a supervisor and care should be taken to find a substitute who is qualified for the position. Substitutes may only be recruited from those who are currently enrolled as volunteers with the organization.

GENERAL HARASSMENT
Prevent Blindness Texas believes that every staff member and volunteer has the right to work in an environment free from harassment and will not tolerate harassment based on race, color, creed, religion, national origin, sex, sexual preference or orientation, disability, age, marital status, or status with regard to public assistance.

SEXUAL HARASSMENT
Prevent Blindness Texas does not tolerate sexual harassment. If a staff member of volunteer feels harassed or offended by another staff member/volunteer, he/she should contact his/her supervisor or volunteer manager.

ZERO TOLERANCE OF VIOLENCE
Prevent Blindness Texas will not tolerate on or around its premises either by or again staff members, volunteers, or members of the public. Staff members and volunteers are expected to treat other human beings with respect and dignity. Any incident of violence should be reported promptly to the appropriate supervisor. Violence includes, but is not limited to, verbal or physical intimidation, contact, or threats. Reported incidents are subject to investigation or corrective action. Any staff member or volunteer who does not comply with this policy may be subject to discipline, up to and including dismissal.
CORRECTIVE ACTION
In appropriate situations, corrective action may be taken following an evaluation. Examples of corrective action include the requirement of additional training, re-assignment of a volunteer to a new position, suspension of the volunteer, or dismissal from volunteer service.

DISMISSAL OF A VOLUNTEER
Volunteers who do not adhere to the terms and conditions or who fail to satisfactorily perform their volunteer assignment are subject to dismissal. Supervisory staff may dismiss a volunteer at any time for any reason or no reason. No volunteer will be terminated until the volunteer has had an opportunity to discuss the reasons for possible dismissal. Possible grounds for dismissal may include, but are not limited to, the following: gross misconduct or insubordination, theft of property or misuse of PBT materials, abuse or mistreatment of clients, staff or other volunteers, failure to abide by policies and procedures, and failure to satisfactorily perform assigned duties. Prior to dismissal of a volunteer, staff should seek the consultation and assistance of their staff supervisor.

CONCERNS AND GRIEVANCE
Decisions involving corrective action of a volunteer may be reviewed for appropriateness. If corrective action is taken, the affected volunteer shall be informed of the procedures for expressing their concern or grievance.

NOTICE OF DEPARTURE OR RE-ASSIGNMENT OF A VOLUNTEER
In the event that a volunteer departs the organization, whether voluntarily or involuntarily, or is re-assigned to a new position, it shall be the responsibility of the staff member in charge of supervising volunteers to inform those affected staff and clients that the volunteer is no longer assigned to work with them. In cases of dismissal for cause, this notification should be given in writing and should clearly indicate that any further contact with the volunteer is outside any scope of relationship with the organization.

RESIGNATION
Volunteers may resign from their volunteer service with the organization at any time. It is requested that volunteers who intend to resign provide advance notice of their departure and a reason for their decision.

EXIT INTERVIEWS
Exit interviews, where possible, should be conducted with volunteers who are leaving their positions. The interview should ascertain why the volunteer is leaving the position, suggestions the volunteer may have to improving the position, and the possibility of involving the volunteer in some other capacity with the organization.

COMMUNICATION WITH THE VOLUNTEER SUPERVISOR
Staff members who supervise volunteers are responsible for maintaining regular communication with the Regional Director on the status of volunteers, and are responsible for the timely provision of all necessary paperwork to the appropriate staff. The Regional Director should be informed immediately of any substantial change in the work or status of a volunteer and should be consulted in advance before any corrective action is taken.
VOLUNTEER/STAFF TRAINING & DEVELOPMENT

ORIENTATION/TRAINING
All volunteers receive an orientation to Prevent Blindness Texas, and training is an integral part of volunteering with Prevent Blindness Texas focused on building the capabilities of all volunteers. In order to provide adequate support for volunteers to feel productive and competent, all volunteers are required to complete the applicable portions of the volunteer training program as determined by the supervisor prior to volunteer placement. Volunteer training is provided through a variety of both formal and informal formats.

ON-THE-JOB TRAINING
Volunteers will receive specific on-the-job training to provide them with the information and skills necessary to perform their volunteer assignment. The timing and methods for delivery of such training should be appropriate to the complexity and demands of the position and the capabilities of the volunteer.

STAFF INVOLVEMENT IN ORIENTATION AND TRAINING
Staff members with responsibility over delivery of services should have an active role in the design and delivery of both orientation and training of volunteers. Those staff that will be in a supervisory capacity to volunteers shall have primary responsibility for design and delivery of on-the-job training to volunteers assigned to them.

TRACKING VOLUNTEER HOURS
Volunteers are asked to the track hours donated to Prevent Blindness Texas as accurately as possible using forms provided by the direct supervisor that is applicable for their volunteer position. Information provided by volunteers is used to create statistical data for PBT's use when applying for funding, accurately reflect the volunteer commitment, and in some cases, as the basis to determine volunteer recognition by Prevent Blindness Texas and/or other organizations. It may not be possible for Prevent Blindness Texas to recognize contributions when a volunteer has not submitted the necessary information.
VOLUNTEER ACCEPTANCE POLICY

It is the goal of Prevent Blindness Texas (PBT) to create an atmosphere of respect and support for its participants. Volunteers serving as agents of PBT have access to confidential information about program participants. Because PBT serves an "at risk" population, including children and the elderly, PBT strives to screen any person who could jeopardize the physical, emotional, or personal well-being of any participant or the safety of any participant's property from the program.

CRIMINAL BACKGROUND SCREENING

It is the policy of Prevent Blindness Texas to conduct criminal background checks on all persons seeking consideration for employment or volunteer positions. Due to the sensitive nature of the services provided by this agency, acceptance or rejection of an applicant may be influenced by information received from the Basic Criminal Record Locator Search via Verified Volunteers.

Each staff member or volunteer to be screened must sign an authorization form, giving approval for Prevent Blindness Texas and VERIFIED VOLUNTEERS to perform the Basic Criminal Record Locator Search. This search checks a nationwide criminal database to identify any records in place you have lived and/or visited. All reported criminal history is validated at the primary source of information. The information requested in the Volunteer Application Form is required for identification purposes only and is in no manner used as qualification for volunteering. Prevent Blindness Texas is an Equal Opportunity Employer and does not discriminate on the basis of gender, race, religion, age, impairment, or ethnicity. If addresses listed on the Volunteer Application Form are outside of Texas, we must have your Social Security Number in order to process the background check. A conviction record will not necessarily be cause for disqualification. All background information will be strictly confidential.

ACCEPTANCE POLICY

Please be advised that the items subject to review are as follows:

- Warrants for arrest
- Any and all arrests without conviction
- Any and all misdemeanor convictions
- Any and all felony convictions
- Any and all plea bargains resulting in fines, incarceration, probation, and/or community service.

Also be advised that the information disclosed in an applicant’s criminal history transcript is not automatic grounds for rejection as this agency gives close consideration to:

- Age at the time of conviction, plea bargain or deferred adjudication
- Length of time since the conviction, pleas bargain or deferred adjudication
- Good references
- Records of achievement.

Disqualifying offenses are as follows:

- Any sex related offense.

No person who has ever been convicted of any disqualifying offense, been on probation, or received deferred adjudication for any disqualifying offense, or has presently pending any criminal charges of any disqualifying offense before a determination of guilt is made, including any person who is presently on deferred adjudication is eligible for employment or a volunteer position at Prevent Blindness Texas.
Please complete this application to the best of your knowledge. Please TYPE or PRINT clearly. All information given on this form will be kept confidential, and will be used only by Prevent Blindness Texas.

SECTION I: GENERAL INFORMATION

Last Name: ____________________  First Name: ____________________  Middle Name: ____________________

Date of Birth: ____________________  Social Security Number: _______ - _______ - _______  Sex: □ M  □ F

Race/Ethnicity: □ African American  □ American Indian  □ Asian  □ Caucasian  □ Hispanic  □ Other:__________

Present Address: ____________________________________________  Apt. #: ____________________

City: ____________________  State: ____________________  Zip: ____________________

Previous Address (if different from present address): ____________________________________________

Home Number: (_______) ____________________  Mobile Number: (_______) ____________________

Work Number: (_______) ____________________  Email: ____________________

Preferred Method of Contact?  □ Home  □ Mobile  □ Work  □ Email  OK to text message?  □ Yes  □ No

SECTION II: EMPLOYMENT AND EDUCATIONAL BACKGROUND

Which best describes your current status?  □ Student  □ Employed  □ Retired  □ Other: ____________

Current School (if applies): ____________________  Area of Study: ____________________

Current Employer (if applies): ____________________  Occupation: ____________________

Employer Address (City, State, Zip, Dept., Suite): ____________________

Please indicate if your current employer offers any of the following (please select all that apply):

□ None  □ Employee Matching Gift Program  □ Company Foundation  □ Other: ____________

SECTION III: SPECIAL INTERESTS AND AVAILABILITY

Please indicate areas of special interests/roles (please select all that apply):

□ Children’s Vision Screener  □ Adult Vision Screener  □ Health Fair Rep  □ Eye Health & Safety Speaker

□ Special Events  □ Office Support  □ Student Intern  □ Other: ____________

Preference on age of service target (please select all that apply):

□ No Preference  □ Children (3-5 years)  □ School Age Children (6-11 years)

□ Children (12-18 years)  □ Adults (18-64 years)  □ Elderly (65 years and older)

Please indicate the period(s) of time you are available:  □ All Year  □ Special Events  □ Summer

Please indicate which time(s) you are available:  □ Mornings  □ Afternoons  □ Evenings  □ All of the Above

Please indicate what day(s) you are available:  □ Mon  □ Tues  □ Wed  □ Thu  □ Fri  □ Sat  □ Sun

Please indicate any languages you speak fluently other than English: ____________________

Please indicate how you learned about PBT volunteer opportunities (please select all that apply):

□ Employer  □ Family/Friend  □ Internet  □ PBT Event  □ School  □ Staff  □ Other: ____________
SECTION IV: PERSONAL REFERENCES

Please list 2 references (not relatives). Applications without references cannot be considered.

1. Name: ___________________________ Relation: ___________________________
   Phone: ___________________________ Email: ___________________________

2. Name: ___________________________ Relation: ___________________________
   Phone: ___________________________ Email: ___________________________

SECTION V: EMERGENCY CONTACT INFORMATION

Emergency Contact: ___________________________ Relation: ___________________________ Phone: ___________________________

Do you have any health or physical limitations that could affect your volunteer assignment?  □ Yes  □ No

If YES, please explain: __________________________________________________________

SECTION VI: BACKGROUND INFORMATION

Have you ever been convicted of a criminal offense other than a minor traffic violation?  □ Yes  □ No

Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor?  □ Yes  □ No

If YES to any of the above in this section, please explain (Date, Offense, Disposition, and State/County): __________________________________________________________

Do you have reliable transportation or access to a vehicle?  □ Yes  □ No  Type? ___________________________

SECTION VII: AGREEMENT AND AUTHORIZATION

Please read the agreement carefully, initial each statement, and sign and date below:

□ □ □ The information contained in this application is true and complete to the best of my knowledge.
□ □ □ I understand that false information may be grounds for not accepting me or for immediate termination of volunteerism at any point in the future if I am accepted.
□ □ □ I hereby grant Prevent Blindness Texas, Prevent Blindness America, its agents, and employees irrevocable right and permission to use photographs, negatives, videos, digital images, or other recordings taken of me for any legitimate purpose, including, but not limited to, promotional, advertising and fundraising ideas.
□ □ □ I hereby release Prevent Blindness Texas from any and all claims for personal injury or property damage which claims arise directly or indirectly from my participation in a volunteer capacity.
□ □ □ I hereby authorize Prevent Blindness Texas and Prevent Blindness America to inquire and verify any information contained on this application or which I submit as part of this application process.

Applicant’s Signature: ___________________________ Date: ___________________________

Note: Prevent Blindness Texas is an Equal Opportunity Employer and does not discriminate on the basis of gender, race, religion, age, impairment, or ethnicity.
BACKGROUND SCREENING CONSENT FORM

Each staff member or volunteer to be screened must sign an authorization form, giving approval for Prevent Blindness Texas and Verified Volunteers to perform the criminal background search.

SECTION I: CONSENT FORM ACKNOWLEDGEMENT

Please take a few minutes to review the End User Agreement found below. Please be sure you have signed and dated the form to indicate you have read, understood, and agreed to the terms/conditions included in this form.

ENDUSER AGREEMENT

In compliance with the Federal Fair Credit Reporting Act, as amended (the "FCRA"), (End User) hereby authorizes to Prevent Blindness Texas to perform the criminal background search.

1. End User or Verified Volunteers, should End User elect to utilize Verified Volunteers Electronic W4t Signature (EWS) product, will ensure that prior to procurement or causing the procurement of a consumer report of investigative consumer report collectively the "report" for volunteer purposes as required by law:
   a. A clear and conspicuous disclosure has been made in writing to the consumer prior to the report being procured or caused to be procured, in a document that contains all the disclosure, that a consumer report will be obtained for volunteer purposes; and
   b. The consumer has authorized in writing the procurement of the report by the End User.

2. Further, End User or Verified Volunteers, should End User elect to utilize Verified Volunteers' EWS product, will additionally ensure that prior to procurement or causing the procurement of an investigative consumer report for volunteer purposes as required by law:
   a. A clear and conspicuous disclosure has been made in writing to the consumer prior to the report being procured or caused to be procured, in a document that contains all the disclosure and the disclosure set forth in (a) above, that an investigative consumer report including information as to the consumer's character, general reputation, personal characteristics and/or standard of living will be obtained for volunteer purposes; and
   b. Such disclosure contains a statement advising the consumer of his right to request a complete and accurate statement regarding the nature and scope of the requested investigative consumer report and his right to request a copy of the rights of the consumer under the FCRA, a copy of which is attached hereto ("Summary of Consumer Rights").

3. Additionally, to the extent End User is requesting Verified Volunteers to provide CORI information, End User also authorizes that: (a) End User notified the consumer in writing of, and received consent via a separate authorization for Verified Volunteers to obtain and provide CORI information to End User, (b) End User is in compliance with all federal and state credit reporting statutes; (c) End User will not misuse any CORI information provided in violation of federal or state equal employment opportunity laws or regulations; and (d) End User will provide the consumer with a statement of the annual salary of the position for which the subject is screened.

4. Additionally, to the extent End User requests any reports covered by the California Investigative Consumer Reporting Agencies Act which require consent from the consumer, End User also authorizes that: (a) the stand-alone disclosure provided to the consumer states Verified Volunteers' name, mailing address, website address, and toll-free telephone number; (b) such disclosure indicates that the report will include information on the consumer's character, general reputation, personal characteristics, and mode of living; (c) such disclosure indicate that the nature and scope of the investigation to be performed; (d) such disclosure address the consumer or his right to inspect Verified Volunteers' files about the subject by providing proper identification and Verified Volunteers will provide the subject with trained personnel and explanation of any codes to help understand those files; and (e) such disclosure contains a box that the consumer may check to request a copy of the report and if the consumer checks that box, a copy of the report will be sent to the consumer within three business days after End User receives the report.

5. In using a report for volunteer purposes, before taking any adverse action based in whole or in part on the report, the End User shall provide to the consumer or authorize Verified Volunteers on behalf of the End User to provide to the consumer to whom the report relates:
   a. A copy of the report; and
   b. A copy of the Summary of Consumer Rights and any applicable state summary of rights; and
By checking this box, I acknowledge that Prevent Blindness Texas provided me with the End User Agreement found above and the Notice to Users of Consumer Reports: Obligations of Users Under the FCRA which can be found at http://texas.preventblindness.org/volunteer-application-and-forms.

By checking this box, I acknowledge that I have signed the consent form giving Prevent Blindness Texas the authorization to submit a request for a background check.

SECTION II: SIGNATURE AND AUTHORIZATION

The following is my true and complete legal name. All information is true and correct to the best of my knowledge.

Applicant's Signature: __________________________ Date: ____________
First Name: __________________________ Middle Name: __________________________ Last Name: __________________________
Other Names Used (alias, maiden, name, etc.): __________________________
Date of Birth: ____________ Social Security Number: ____________ Gender: □ M □ F
Home Number: (_____) ____________ Email: __________________________

Volunteer's Address History for the Previous 7 years:

1. Address Line 1: __________________________ City, State, Zip: __________________________
   Date volunteer (has) lived at this address? From Month: ____________ Year: ____________ To Month: ____________ Year: ____________

2. Address Line 2: __________________________ City, State, Zip: __________________________
   Date volunteer (has) lived at this address? From Month: ____________ Year: ____________ To Month: ____________ Year: ____________
Please take a few minutes to conduct a final review of the forms listed below. Please be sure you have read, signed and dated the required forms before submitting to your nearest Prevent Blindness Texas office.

SECTION I: REVIEW AND SUBMIT THE APPLICATION

1. I have read, understand and agree to the following terms and conditions included in the following forms:
   - PBT Overview (About Prevent Blindness Texas)
   - Volunteer Opportunities
   - Volunteer Code of Conduct & Ethics
   - Risk Management Policies and Procedures
   - Volunteer/Staff Training and Development
   - Volunteer Acceptance Policy

2. Please SUBMIT the following completed forms to the PBT office listed below for which you are applying:
   - Volunteer Application Form – Please be sure not leave any area blank. If the requested information does not apply to you, mark the blank ‘N/A’.
   - Background Screening Consent Form – Please be sure you have completed, signed and dated the form to indicate you have read, understood, and agreed to the terms/conditions included in this form.
   - Volunteer Acknowledgement and Receipt – Please be sure you have read, understood and agreed to the following terms and conditions included in the packet.

North Texas Region
3610 Fairmount St.
Dallas, TX 75219
Fax: (214) 521-5248

Southeast Texas Region
2202 Waugh Dr.
Houston, TX 77006
Fax: (713) 529-8310

Southwest Texas Region
1600 N.E. Loop 410, Suite 125
San Antonio, TX 78209
Fax: (210) 236-7671

SECTION II: ACKNOWLEDGEMENT AND RECEIPT

The Volunteer Application Packet outlines important information about Prevent Blindness Texas and I understand that I should consult the staff member in charge of volunteer services regarding any questions not answered in this packet.

I, __________________________, certify that I have received and reviewed the Prevent Blindness Texas Volunteer Application Packet. I further understand that, by signing this statement as required am indicating that I have read the Volunteer Application Packet and understand its contents, or have discussed questions I have with Prevent Blindness Texas. I also realize that this statement will become a permanent part of my volunteer personnel file.

Applicant’s Signature: __________________________ Date: __________________________

Printed Name: __________________________

FOR PREVENT BLINDNESS TEXAS OFFICE USE ONLY

<table>
<thead>
<tr>
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<th>☐ Yes ☐ No</th>
<th>Background Form Signed:</th>
<th>☐ Yes ☐ No</th>
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