



HCJPD ONE TIME SPEAKER REQUEST FORM

*This form is to be used for a one time speaking engagement or a special event and shall be submitted for approval no later than **5 business days prior to the scheduled event**. This form is not to be used for individuals providing or assisting in HCJPD client programming. **All sections of this form must be completed in full and require a signature and date. Any incomplete applications will be returned.** Please scan and email the completed form to CriminalHistoryCheck@hcjpd.hctx.net OR fax to 832-927-0363.*

Name of Event/Program:		Date of Event:	
Event/Program Location:			
JPO/Program Coordinator:		Telephone #:	

SPEAKER BACKGROUND INFORMATION

Have you ever been employed by the HCJPD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a family member under the supervision of HCJPD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had a JPO or JSO Certification revoked by the Texas Juvenile Justice Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of any crime against a child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any charges against a child pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently a registered sex offender?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any charges of a sexual nature pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently under investigation for abuse, neglect or exploitation of a person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been civilly or administratively adjudicated for abuse, neglect or exploitation of a person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HCJPD POLICY ACKNOWLEDGEMENT

By initialing below (no electronic initials accepted), I acknowledge and agree to adhere to the following policies during my speaking engagement or performance.

I understand the probation/detention status of HCJPD youth are confidential.	Initials:
I understand cameras and audio/video recording devices are prohibited in the facility/program.	Initials:
I understand I may not be unsupervised with any youth while in the facility/program.	Initials:
I understand I may not bring any personal items into a HCJPD secure facility.	Initials:
I understand HCJPD client/family programs are not to be advertised or open to the general public.	Initials:
I have read and understand the rules for Video Session/Presentations as outlined in Attachment A.	Initials:

CRIMINAL BACKGROUND CHECK NOTICE

All non-exempt individuals must complete the CRIMINALBACK GROUND CHECK INFORMATION for HCJPD to conduct a criminal background check.

EXEMPTIONS TO PROVIDING INFORMATION

- *If it can be verified that you are currently in the HCJPD CRIMINAL BACKGROUND DATABASE, a background check is not required*
- *If you are a licensed peace officer or a licensed attorney employed with a criminal justice agency you are exempt from undergoing a criminal background check. Do not complete the CRIMINAL BACKGROUND CHECK INFORMATION section.*

CRIMINAL BACKGROUND CHECK INFORMATION

(No electronic signatures accepted)

Driver's License #	Issuing State	Social Security Number	Date of Birth (MM/DD/YYYY)	Gender (M/F)
Speaker's Printed Name	Speaker's Signature		Date Signed	

I certify that there are no willful misrepresentations, omissions, or falsifications in the aforesaid statements and answers. I am aware that should any investigation disclose any misrepresentations, omissions, or falsifications, my request to provide volunteer/vendor services and/or have program/facility access may be rejected or if already providing services within a program/facility, my volunteer/vendor services may be terminated.

VERIFIED SPEAKER IS CURRENTLY IN HCJPD CRIMINAL BACKGROUND DATABASE

SPEAKER & PRESENTATION INFORMATION

Are you a licensed peace officer or a licensed attorney currently employed with a government (city, county, state or federal) criminal justice agency? YES NO

Speaker's Name: _____

Agency/Organization: _____

Job Title: _____

Speaker's Address: _____

Work Telephone #: _____

Cell Phone #: _____

Presentation Title: _____

Presentation Length: _____

PRESENTATION SYNOPSIS

Describe below in detail a synopsis of the proposed speaking session. Describe the presentation objectives and what the youth will learn from the presentation.

SPEAKERS CREDENTIALS & EXPERIENCE

Please describe below your professional credentials, training, education and/or life experiences that relate to your knowledge of the subject you are speaking about (may attach Resume or Professional Vitae). Explain how your story can impact the youth.

SITE/ FACILITY MANAGER APPROVAL ONLY

List name of CUPS/FACILITY/PROGRAM Administrator/Supervisor approving Speaker/Presentation and date approved.

Presentation and Speaker Approved by:

Site/Facility Manager Printed Name

Site/Facility Manager Signature

Date Signed

HCJPD CRIMINAL BACKGROUND CHECK USE ONLY- DO NOT WRITE BELOW THIS LINE

APPROVED

PROCESSED BY: _____

DENIED

DATE: _____

ATTACHMENT A
Rules for Conducting Video Sessions/Presentations with HCJPD Youth

- Individuals conducting Video Sessions/Presentations with HCJPD youth must have a current HCJPD background check clearance.
- Video Sessions/Presentations may only be conducted, viewed and heard by approved HCJPD background check cleared individuals. When conducting a Video Session/Presentation from the home or office it must be in a private area free of other individuals to ensure youth privacy laws/policies are not violated.
- Presenters are prohibited from taking screen shots or recording video/audio of HCJPD youth while conducting Video Sessions/Presentations.
- The background view of the video camera must be free of any item or artwork deemed inappropriate for children or item that could be considered controversial, best practice is a neutral and item free background.
- Dress while conducting Video Sessions/Presentations with HCJPD youth, should follow the same guidelines required when presenting in person. Which includes:
 - No short dresses or skirts
 - No halter tops, tank tops, or midriff tops
 - No see-through or tight shirts, pants or dresses
 - No symbols depicting alcohol, tobacco, nudity, drugs or gangs

Any questions concerning dress should be addressed with HCJPD Staff
- Presenters may not eat or smoke while conducting Video Sessions/Presentations with HCJPD youth.