INDIVIDUAL ADVOCATE APPLICATION

TEXAS JUVENILE JUSTICE DEPARTMENT

Personal Information

Name (Last, First, Middle)	Suffix (e.g., Jr.)	Other Names Used

Address	Apt. #	City	State	Zip

Primary Phone #	Work Phone #	Is it okay to receive calls at work? ☐ Yes ☐ No
Email Address		Fax #

Have you or anyone you know been employed by TJJD? ☐ Yes ☐ No

Have you or anyone you know been enrolled in the TJJD volunteer program? ☐ Yes ☐ No

Have you or anyone you know been committed to the custody of TJJD? ☐ Yes ☐ No

If you answered "Yes" to any question above, please provide detail.

The following information is required to conduct background checks and/or for statistical analysis

Social Security Number	TX Driver's License #	Driver's License Class	Maiden Name (if Married)

Date of Birth	Place of Birth (state only)	Height	Weight	Hair Color	Eye Color

☐ Male ☐ Female	☐ Married ☐ Widowed	☐ Single ☐ Divorced	☐ Caucasian ☐ African-American	☐ Hispanic ☐ Asian ☐ Other

Special Accommodations

Do you require any special accommodation in order to deliver your services?
☐ Yes ☐ No If yes, please explain:

Emergency Contact – In the event of an emergency, indicate the person to be notified

Name	Relationship	Daytime Phone #	Home Phone #

Criminal Record Check

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

Are you currently charged with a felony or misdemeanor? ☐ Yes ☐ No

If you answered Yes above, briefly describe the circumstances of your conviction or current charge, indicating the date, nature, and place of the offense and disposition of the case.

Name of advocacy or service organization with which you are affiliated.

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Your role and/or title within the organization.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE INDICATED.

- I certify that the statements made in this advocate application are true and correct, and have been given voluntarily.
- I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.
- I agree that any written or oral misrepresentation in making this application is just cause for revocation of access to TJJD.
- I understand that I will not be paid by TJJD for my services as an advocate.
- I understand that any violation of the Community Advocate Agreement may result in revocation of access to TJJD.

Applicant's Signature: X _____ Date: _____

Submit the completed application to only one of the following locations:

Fax to: 512-490-7712

Email to: tammy.holland@tjjd.texas.gov (pdf only)

Mail to: Tammy Holland
TJJD Manager of Family, Community, and Chaplaincy Programs
P.O. Box 12757
Austin, Texas 78711

Questions: Call Tammy Holland at 512-490-7090

- With few exceptions, you are entitled, upon request, to be informed about the information that the Texas Juvenile Justice Department collects about you.
- Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information.
- Under Section 559.004 of the Texas Government Code, you are entitled to have the Texas Juvenile Justice Department correct any information that is incorrect.