

12 STEP MEETING- PANEL LEADER AND PANEL PARTICIPANT APPLICATION

Leaders and participants of community 12 step meetings are by hospital policy required to follow these guidelines in order to ensure the integrity of the facility and patient safety as well as maintain a positive working relationship with community 12 step groups. We appreciate your service to the recovery community! ALL PARTICIPANTS MUST HAVE A MINIMUM OF (1) ONE YEAR OF SOBRIETY TO ENTER THE FACILITY FOR THE PURPOSE OF FACILITATING 12 STEP MEETING PANEL.

Date of application	Panel Chairperson				
Last Name	First	Middle			
DOB/Age_	Marital Status	Length of SOBRIETY			
Home Address		City/State/ZIP			
		Work#			
	ou here to represent? (Please	indicate AA< DAA <ca, primary="" purpose,="" show<="" td=""></ca,>			
		Do you have a SPONSOR?			
What day is your group her	e? And which unit is your me	eting on?			
How many 12 step meeting	s do you attend each week?	What step are you currently on?			
Employment status (Employed, Unemployed, Retired, other)?How long?					

- APPROPRIATE ATTIRE: Comfortable, neat, and clean clothing. Due to the cool building temperature, long pants and a light jacket or sweater are recommended. We ask that you do not wear any revealing clothing or suggestive apparel. Please be mindful of the following guidelines:
- NO tank tops, halter tops, or shirts that expose abdominal area.
- NO clothing that has holes where skin shows through.
- NO short shorts or skirts.
- NO see through clothing.

- NO beach attire.
- NO clothing with alcohol or drug related logos or messages.

University Behavioral Health of Denton is a cell phone free environment. Please leave your cell phones in your vehicle. Cell phones may only be used outside of the facility.

For the safety of patients and visitors, please do not bring any items (Other than 12 step literature) into the facility. Please do not bring knives, any items with sharp edges or points, lighters, tobacco products, glass cups or drinking glasses, guns or protective devices, razors, or electrical devices. Please bring no outside food or beverages with the exception of bottled water.

Please limit participants involved with 12 step meetings to NO more than 2 PRE-SCREENED, ADULT group members who have been clean and sober a minimum of (1) ONE year.

For the protection of the patients, visitors, and panel participants, a UBH staff must be present during any patient/ visitor interactions, including 12 step meetings.

Please indicate that you understand and agree to t	the above guidelines by signing below.
Signature	Date
THANK YOU FOR YOUR SERVICE!	



NOTICE/AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES/ INVESTIGATIVE CONSUMER REPORT

TAC §448.601 The facility shall obtain and assess the results of a criminal background check from the Department of Public Safety on all staff within four weeks of the hiring date. Individuals hired may not have any client contact until the results of the criminal background check are assessed. The facility shall use the criteria listed in TEX: OCC. CODE ANN. §53.022, §53.023 (Vernon 2004) to evaluate criminal history reports and make related employment decisions.

In connection with my application for employment with University Behavioral Health of Denton, I authorize ADP and their respective agents to procure a consumer report and/or investigative consumer report about my background, character or reputation, including, but not limited to, information as to my employment, education, consumer credit history (consumer credit history will only be verified if appropriate for certain job descriptions), driving record, social security number verification, criminal record and/or other public records history. I authorize all persons who may have information relevant to this investigation to disclose said information. I release from liability all persons, companies, governmental or other agencies and corporations disclosing such information. I hereby further authorize that a photocopy of this authorization may be considered as an original.

I HAVE READ, UNDERSTAND AND AUTHORIZE, ANY PERSON, AGENCY OR OTHER ENTITY CONTACTED BY ADP OR ITS AGENTS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

SIGNATURE	• .	SOCIAL SECURITY #	DRIVER'S LIC. #	STATE
TYPE OR PRINT NAME		OTHER NAMES USED (alias, maiden, nickname)		YEARS USED
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CURRENT ADDRESS	<u> </u>		Manager Manager and a second and	
GITY	STATE	ZIP ··-		RESIDENCE
ADDRESSES FOR THE PA	AST SEVEN YEARS		DATES LIVED	HERE:
CITY	STATE	COUNTY	· · · · · · · · · · · · · · · · · · ·	
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CITY	STATE	COUNTY		
	SANCTIONED, DISCIPLI	IE OTHER THAN A MINOR T		
*The following states requ	uire sex and race to obtain	n information: AL, AR, FL, GA	l, IA, IL, IN, MI, OR, SC, T	X, WI.
*Date of Birth	*Gender (M or F)	*Race	•	

All completed criminal background checks are housed in the Human Resource Department of UBH.