

Children's Advocacy Center Volunteer Application

Upon receipt of your application, your references will be contacted and an interview with Volunteer Coordinator will be set to discuss your area of interest(s) for volunteering with CAC.

Name: _____ Date: _____

Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

In Case of Emergency, whom should we notify? (name, relationship and phone number)

1. _____

2. _____

How did you learn about the Children's Advocacy Center? _____

What type of volunteer service or areas do you prefer? See Volunteer Opportunities on Cover Sheet:

What days & times are best for your volunteer work? _____

List skills, interests, community activities, and hobbies: _____

List any special skills that you feel might be an asset to CAC (Ex. computer, language, bookkeeping, writing etc..) _____

Have you volunteered for other non-profit agencies? ___ Yes ___ No If yes, organization and dates?

Are you involved or member of other clubs, groups or organizations? _____

Are you currently employed or attending school ___ Yes ___ No

If yes, name of employer or school: _____

List two character references we can contact; please do not include family members.

1. Name: _____ Phone _____

Address: _____

2. Name: _____ Phone _____

Address: _____

Have you ever been part of a case involving Child Protective Services? ___ Yes ___ No

If yes, please explain: _____

Have you ever been prohibited, reassigned, or asked to leave any position, either as an employee or volunteer, with an organization or agency involving contact with children? ___ Yes ___ No If yes, please explain (including organization and when): _____

Do you have any current issues related to drugs, alcohol, stress, or mental health that may pose a risk to the children and families we serve? ___ Yes ___ No

Have you ever been victimized as a child or an adult? ___ Yes ___ No If you answer yes, that does not make you ineligible but we would like to speak privately about your situation.

Have you ever been indicted or convicted of a misdemeanor? ___ Yes ___ No

Have you ever been indicted or convicted of a felony? ___ Yes ___ No

If you answered yes to either question, please explain: _____

The Center program does not accept applicants if they have been convicted, have prior charges, or have charges pending for a felony or misdemeanor involving a sex offense, violent act, child abuse or neglect, or related acts that would pose risks to children or to the Center's ability to provide services.

Volunteer Agreement

I understand that the Children's Advocacy Center will contact my references to obtain information regarding my suitability to work with children and families. All of the information on this application is accurate to the best of my knowledge. I agree to participate in the orientation and training as required of the volunteer position(s) that I will be involved with. I understand that criminal history records information and a Texas Department of Family Protective Services Central Registry Check will be completed if deemed necessary. This is done to ensure that volunteers have not been convicted of an offense that would be potentially detrimental to the CAC program.

I further understand that the inclusion of any false information or the omission of any requested information is cause for my immediate dismissal from volunteer placement at the Children's Advocacy Center.

I agree to inform the Children's Advocacy Center if this information changes any time during my participation at the Center.

Signature: _____ Date: _____

Children's Advocacy Center (CAC) Pledge of Confidentiality

I promise that I shall hold in confidence all information about individuals involved or associated with a CAC case or referral. I will not violate the confidential relationships between CAC staff, CAC clients and victims, volunteers, or our partner agencies.

I will not remove from the Center any written records or repeat any information found in written records. I will not divulge any observed or heard case sensitive information while at CAC.

I accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and liable any violation(s) of this agreement.

Signature: _____ Date: _____

Return or mail completed application to: Children's Advocacy Center
Attn: Volunteer Coordinator
1002 Chestnut Street
Bastrop, Texas 78602