

Children's Advocacy Center
Serving Bastrop, Lee and Fayette Counties
P.O. Box 1098, Bastrop, Texas 78602
512-321-6161
www.chidrensadvocacycenter.org

Volunteer Application

Thank you for your interest in volunteering with the Children's Advocacy Center.
We look forward to working with you!
Please allow 4 weeks to process your application and background check.

Name: _____ Date: _____

Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Select all areas of interest (for more information, visit <http://www.chidrensadvocacycenter.org/volunteer.cfm>):

Family Partner
 Event Angel
 Christmas Angel
 Crafty Angel
 Pam's Heart (Quilting)

Ambassador (Public speaking)
 Breakfast Club
 Garden Angel
 Maintenance Angel
 Service Learning/Intern

Circle the day(s) and time(s) you are available to volunteer:

Mon Tues Wed Thurs Fri Sat Sun

Days / Evenings

Special Events

How did you learn about our volunteer program? Presentation Event Flyer Newspaper
 Friend/Volunteer Other (please describe): _____

Are you currently attending school? Yes No Name of school: _____

Are you volunteering for class credit? Yes No Name of class/instructor: _____

Are you currently employed? Yes No Place of employment: _____

Which languages do you speak fluently? English Spanish Sign Language Other: _____

Do you have access to an automobile you can use for volunteer work?: Yes No Occasionally

Automobile Liability Insurance Carrier: _____

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Volunteer Experience (Give name of organization and dates involved) _____

Present memberships in clubs or organizations, including any office or responsibility: _____

Why do you want to become a volunteer with the Children's Advocacy Center? _____

What would you like to gain from your volunteer experience? _____

Please list any other relevant experience that you would like to share: _____

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REFERENCES

List three references (two character references and one employer) with addresses, phone numbers and e-mail. Please do not include family members.

1. Name: _____
Address: _____ Phone #: _____
E-mail: _____

2. Name: _____
Address: _____ Phone #: _____
E-mail: _____

3. Name: _____
Address: _____ Phone #: _____
E-mail: _____

I understand that the Children's Advocacy Center, serving Bastrop, Lee and Fayette Counties 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 take any required orientation or training necessary for the volunteer position(s) that I have highlighted on this application. I understand that criminal history records information and a Texas Department of Protective and Regulatory Services Central Registry Check will be completed.

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.

FORMS GRANTING PERMISSION FOR SUCH CHECKS ARE ATTACHED.

Volunteer Signature: _____ Date: _____

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State of Texas
County of Bastrop County

KNOWN ALL MEN BY THESE PRESENTS:

That I, the undersigned do hereby authorize an annual review and disclosure as allowed by law of all records concerning myself to any duly authorized agent of The Children's Advocacy Center whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for disclosure as allowed by law of the following records: law enforcement agencies; either criminal or civil, in which I presently have, or have had an interest.

I certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I also certify that the Children's Advocacy Center and its employees are released from any liability whatsoever for requesting, obtaining or evaluating information pursuant to this authorization.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

The Children's Advocacy Center conducts all job inquires in compliance with the Civil Rights Acts of 1964, as amended, the Rehabilitation Act of 1973, Public Law 93-1122, Section 504, and with the provisions of the Americans with Disabilities Act of 1990, Public Law 101-336 [S.933]. The Children's Advocacy Center does not discriminate against any employee, applicant for employment, or eligible client based on race, religion, color, sex, national origin, age or handicapped condition.

Name _____

Other names used (maiden, married, etc.): _____ Male Female

Address: _____

City _____ State _____ Zip _____

Telephone Number _____ Date of Birth _____

Have you lived out of state in the last three years? Yes No Where? _____

When? _____ Social Security # _____

Texas Driver's License #: _____ Other Driver's License # / State: _____

Driver's License Expiration Date: _____ Ethnicity/Race (optional): _____

Volunteer Signature

Date

FELONY CONVICTION INFORMATION

The Children's Advocacy Center works in conjunction with law enforcement and state and county agencies involved in the criminal justice system process, and conducts an annual record check to ensure that volunteers and/or staff members have not been convicted of an offense that would be potentially detrimental to the Center's programs. 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 service.

1. I have ___ have not ___ been convicted of a felony or a misdemeanor.

If your answer is affirmative, provide the date, place, nature or conviction, and disposition.

2. I am ___ am not ___ currently under indictment or charged in an official criminal complaint accepted by a district or county attorney with a felony or misdemeanor.

If your answer is affirmative, provide details, including the type of charges.

3. I have ___ have not ___ ever been prohibited from serving in capacity as an employee or volunteer with any organization or agency working with children.

If your answer is affirmative, provide the date, name, and address and phone number of the organization.

4. I have ___ have not ___ ever been reassigned, removed or asked to leave any position involving contact with children.

If your answer is affirmative, provide the date, name, and address and phone number of the organization.

I have read this form in its entirety and understand that the information may be verified by The Children's Advocacy Center and that the inclusion and/or admission of any false information or the omission of any requested information is cause for my immediate dismissal from placement with this agency.

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

Volunteer Signature

Date

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VOLUNTEER STATEMENT

I hereby acknowledge and understand that with the completion of this application, I give my permission for The Children's Advocacy Center and to its authorized agents to access information with regards to criminal history, employment history and other information that may be appropriate to my qualifications to serve in community volunteer child abuse programs.

I further understand that The Children's Advocacy Center has the right to review this applicant's subsequent information, to unconditionally accept or reject my application for volunteer service, and terminate my volunteer placement at any time, and that upon termination, I will return any and all property issued to me by this agency.

I understand and agree to abide by the regulations and policies of The Children's Advocacy Center which specify that for the protection of all served, *every person is prohibited from disclosing the contents of any communications, records and/or files*, except for purposes directly connected with the administration of The Children's Advocacy Center

I understand that after successfully completing orientation and training sessions, personal interviews, and volunteer placement, I will be expected to serve as a volunteer in a probationary status for three months. If qualified, I will complete a minimum of an additional nine months of service for a total minimum of volunteer service of (1) year with The Children's Advocacy Center.

If circumstances should prevent me from fulfilling this obligation, I will submit my written resignation to the Volunteer Coordinator with as much advance notice as circumstances permit.

Volunteer Signature

Date

Volunteer Coordinator

Date

Emergency Contact

Person to contact in the event of an emergency: _____

Phone #: (w) _____ (h) _____ (cell) _____

Physician: _____

Physician's Phone #: _____