



1002 Chestnut Street
Bastrop, Texas 78602

Volunteer Application

Date of Application: _____

Name

Email Address

Phone Number(s)

Mailing Address

In the event of an emergency, whom should we notify?

Name _____

Phone _____

Relationship _____

The Children's Advocacy Center has several opportunities for Volunteers. All types of Volunteers are needed to make services available to families in our community, and we value any skills you may have to help us improve the community in which we live. Listed below are the current Volunteer Opportunities available at the Children's Advocacy Center. Please check the areas in which you are most interested:

_____ **Family Care Volunteer**

_____ **Administrative Team**

_____ **Breakfast Club**

_____ **Child Abuse Prevention Volunteer**

_____ **Ambassador**

_____ **Community Partners (Lee and Fayette Counties)**

_____ **Fundraising Friend**

_____ **Other Volunteer Opportunities***

If interested in Volunteering as a Fundraising Friend only, please complete and return first page of the application to CAC. Friends are needed for our annual special events, such as, *Cowboys & Caviar* and *Cook-Off on the Colorado*.

*If you selected *Other Volunteer Opportunities*, please specify:

Days/Times you will be available to Volunteer: _____

General Information

How did you learn about the Children's Advocacy Center and our Volunteer Program?

What would you like to gain from your Volunteer experience?

Are you Volunteering for class or organization credit? _____

If yes, please provide the name of your Instructor or Organization _____

Are you currently employed? ____ Name of Employer: _____

Are you currently attending school? ____ Where: _____

What are your interests, community activities, and hobbies? _____

List any special skills that you feel might be an asset to CAC (such as computer, language, bookkeeping, writing): _____

Experience

Please list any previous Volunteer experience, particularly in working with children and families:

Length of Time

Organization

Responsibilities

Are you involved or a member of any civic group, club or organization? _____

Do you have any experience with child abuse? ____ Yes ____ No

If yes, please explain: _____

Have you ever been part of a case involving Child Protective Services? ___Yes ___No
If yes, please explain: _____

Do you have any experience with the criminal, juvenile or family court system including an indictment or conviction of a misdemeanor or felony? ___Yes ___No
If yes, please explain: _____

The Center does not accept applicants if they have been convicted, have prior charges, or pending charges 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.

Have you ever been prohibited, reassigned, or asked to leave any position, either as a volunteer or employee, with an organization or agency involving contact with children? ___Yes ___No
If yes, please explain (including organization and date): _____

Volunteer Agreement and Understanding

I understand that I will request two character references to obtain information regarding my suitability to volunteer with the Center. I will have the Volunteer Reference Forms returned directly to the Children's Advocacy Center.

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 with the Center.

I, _____ have accurately completed this application to the best of my knowledge. I understand that the information included will be used to assign me to the tasks best suited for my abilities and experience. I also understand that this application is not a contract between the Children's Advocacy Center and me, and I can terminate my Volunteer services at any time.

Signature: _____ Date: _____

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