



Volunteer Application

Name

Date of Application:

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:

Administrative Team

Child Abuse Prevention Month Volunteer

Ambassador

Community Outreach

Family Care Volunteer

Community Partners

Fundraising Friend

Graduate & Undergraduate Intern

Other

Volunteer Opportunities*

Days/Times you will be available to Volunteer:

If interested in Volunteering as a **Fundraising Friend ONLY**, please complete and return the first page of the application to CAC. Friends assist with our annual special events, such as our *Purse Bingo*.

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

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 currently attending school? ____ Where: _____

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: _____

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): _____

Do you have any experience with persons who are visually or hearing impaired? ____ Yes ____ No

In what capacity? _____

Do you have any experience with persons with disabilities? ____ Yes ____ No

In what capacity? _____

Experience

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

Length of Time / **Organization** / **Responsibilities**

1. _____

2. _____

3. _____

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

Do you have any experience with child abuse/foster care? ___ Yes ___ No

If yes, please explain: _____

Do you have any experience with the Criminal, Juvenile or Family Court System? ___ 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 gather two character references to obtain information regarding my suitability to volunteer with the organization. I will have the Volunteer Reference Forms returned directly to the Children's Advocacy Center.

I agree to participate in the orientation and training 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 at 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:** _____

Thank you!

Return or mail completed application to:

Children's Advocacy Center

Attn: Volunteer Coordinator

59 Loop 150

Bastrop, Texas 78602

Or send via email to info@cacbastrop.org

Every Child. Every Service. Every Effort.