

CHILDREN'S ADVOCACY CENTER OF SMITH COUNTY

Volunteer Application



CHILDREN'S ADVOCACY CENTER
OF SMITH COUNTY
HEALING • SAFETY • HOPE • JUSTICE

APPLICANT INFORMATION

Last Name		First		M.I.	Date of Birth MM/DD/YR
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Preferred method of contact		Phone/Text <input type="checkbox"/> Email <input type="checkbox"/>		Availability	
				MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> Shifts: 8 a.m. – 1 p.m. / 1 p.m. – 5 p.m. / 5 p.m. – 7 p.m. FRI <input type="checkbox"/> Shifts: 8 a.m. – 1 p.m. / 1 p.m. – 5 p.m.	
Other availability options: Happy Bear <input type="checkbox"/> Special Events <input type="checkbox"/>					
Are you fluent in any foreign languages?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list all languages	
Have you ever worked for the CAC?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony or a misdemeanor?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you ever been prohibited, reassigned, or removed from serving as an employee or volunteer with any organization or agency working with children?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

REFERENCES (REQUIRED)

Please list three references (Non-relative).

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

EMPLOYMENTAre you currently employed? YES NO

Company

Phone

Address

Supervisor

Job Title

From

To

Reason for Leaving

May we contact your previous supervisor for a reference?

YES NO **DISCLAIMER AND SIGNATURE**

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's services if I have been employed/volunteering. I give the employer the right to investigate all references and to secure additional information about me, if job-related.

I hereby release all liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. The employer is an Equal opportunity employer. The employer does not discriminate in employment/volunteering and no question on this application is used for that purpose of limiting or excusing any applicant's consideration for employment/volunteering on a basis prohibited by local, state or federal law.

This application is current for 6 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment/volunteering, it will be necessary to fill out a new application. I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment/volunteering at any time, with or without cause and without prior notice.

I understand that no representative of the employer has the authority to make any assurances to the contrary. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an appointment that would be required by the ADA

Signature

Date

OFFICE USE ONLY

Date Received:

Completeness Review:

Interview/Tour Date:

Approved: Denied:

Orientation Date:

Reason:

Staff Signature

Date



CHILDREN'S ADVOCACY CENTER
OF SMITH COUNTY
HEALING • SAFETY • HOPE • JUSTICE

PLEDGE OF CONFIDENTIALITY

The responsibilities of the Children's Advocacy Center volunteers include access to personal information about children and their families. These may be clients, volunteers or employees of the Center.

Any information observed in connection with volunteering at the Children's Advocacy Center is considered strictly confidential. Confidential information includes information about the client's identity, his or her family's identity, details of any meetings with a client, any information gathered while working with the client or with the client's family as well as any personal information disclosed to you in conversation during their visit at the Center.

VOLUNTEER PLEDGE OF CONFIDENTIALITY

I, _____, pledge that I will hold in confidence all information relating to the individual cases and clients at the Children's Advocacy Center. I will not violate the confidential relationship between the Children's Advocacy Center, its volunteers, participating and related agencies, courts and all parties interviewed or present at the Center. I will not remove written or recorded (audio and/or video) information from the offices of the Children's Advocacy Center of Smith County without expressed permission from the Executive Director or designated professional staff.

I agree to return all information that I have gathered, printed information or notations relevant to all cases and/or clients to whom I have been assigned at the request of the Executive Director or designated member of the professional staff of the Advocacy Center.

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 for any violation of this agreement.

Signature _____

Date _____