

# 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		
Street Address						Apartment/Unit #			
City				State			ZIP		
Phone				E-mail Address					
Preferred method of contact	Phone <input type="checkbox"/>		Availability		MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> Shifts: 8 a.m. – 1 p.m. / 1 p.m. – 5 p.m. / 5 p.m. – 7 p.m.				
	Email <input type="checkbox"/>				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						

## EDUCATION

High School				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

## REFERENCES

***Please list three references (Non-relative).***

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

Full Name		Relationship	
Company		Phone	
Address			

**EMERGENCY CONTACT**

Name		Phone		Relationship	
Street Address				Apartment/Unit #	
City		State		ZIP	

**EMPLOYMENT**

Are 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

**VOLUNTEER EXPERIENCE**

*Please list any schooling or experience that may help you in this field.*


**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to volunteer appointment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
-----------	------

**OFFICE USE ONLY**

Date Received:	Completeness Review:	Interview/Tour Date:
Approved: <input type="checkbox"/>		Denied: <input type="checkbox"/>
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 \_\_\_\_\_



## REQUEST FOR CHILD ABUSE/NEGLECT CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK

### CHIEF OPERATING OFFICER (COO) - CENTRALIZED BACKGROUND CHECK UNIT

**Purpose:** The purpose of this form is to grant representatives of authorized Volunteer Organizations permission to request, on the behalf of potential and current volunteers, employees, and board members:

- a criminal history check from the Texas Department of Public Safety (DPS) and
- a check from the Texas Department of Family and Protective Services (DFPS) Central Registry of Child Abuse and Neglect.

The authorized volunteer organizations include: Big Brothers and Big Sisters of America, Child Advocacy Centers of Texas, Make-A-Wish Foundation of America and I Have a Dream/Houston. This form is completed by the subject of the background check or a designee.

**Directions:** The subject of the background check or designee reads and completes Sections 1-5, and submits this form using the instructions below. For questions, call the CBCU Support Line at (800) 645-7549 or email: [CACTXBGCREQUEST@dfps.state.tx.us](mailto:CACTXBGCREQUEST@dfps.state.tx.us).

**A note to Designees:** The designee is responsible for ensuring the information provided by the subject in Section 1 is complete and accurate. The information must be verified by viewing official documents provided by the subject of the check, such as a driver's license or social security card.

**Instructions:** Complete, sign, and submit this form to:

Email: [CACTXBGCREQUEST@dfps.state.tx.us](mailto:CACTXBGCREQUEST@dfps.state.tx.us)

Mail: CBCU Non-Licensing Unit M/C 121-7

FAX: 512-339-5831

PO Box 149030, Austin, TX 78714-9030

#### SECTION 1: SUBJECT OF THE BACKGROUND CHECK

The information in this section must be provided by the subject of the background check before the check is conducted. Missing information may result in delays.					
First Name	Middle Name	Last Name			
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
Current Address	Apt. No.	City	County	State	Zip Code
Telephone Number	Date of Birth	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Social Security Number	
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native				
Driver's License Number:			State of Issuance:		
List any other additional addresses or cities in Texas that you have lived in (continue on back as needed)					

#### SECTION 2: SIGNATURES

**This section of the form must be signed by the subject of the background check and not the designee.**

- I am the person listed above in Section 1 of this form. The information in this document is correct and I am a prospective or current volunteer, employee, or board member of the volunteer organization listed in Section 3. I agree to update the volunteer organization of any changes to the information above.
- I grant permission to the volunteer organization listed in Section 3 to request a Child Abuse/Neglect Central Registry and a Texas Department of Public Service Criminal history check as well as any subsequent checks so long as I am active with that agency.
- I authorize DFPS to transmit the results of this background check via e-mail and I acknowledge that DFPS cannot guarantee that information transmitted electronically is secure and accessible only to approved parties.
- I understand that the information I am providing will be part of any request and that providing false information is a violation of Texas Penal Code Section 37.10.
- I acknowledge that my designee can receive my background check results only as described in Section 5.

Requestor: X	Date Signed:
-----------------	--------------

**SECTION 3: DESIGNEE**

DFPS: Send the results of the requested checks to the designee below:

Full Name		Email Address			
Address	Apt. No. (if applicable)	City	County	State	Zip Code
2210 Frankston Hwy		Tyler	Smith	TX	

Name of the volunteer organization the designee represents:  
Children's Advocacy Center, Smith County

**SECTION 4: NOTE TO THE SUBJECT OF THE BACKGROUND CHECK**

As required by the Texas Family Code 261.002, DFPS maintains a central registry of reported cases of child abuse and neglect. The DFPS Central Registry consists only of information gathered during Child Protective Services (CPS), Child Care Licensing (CCL), and Adult Protective Services (APS) facility investigations of child abuse and neglect in cases that were given a disposition of "reason to believe" for CPS and CCL cases or "confirmed and validated" for APS cases, and the person had a role of *designated perpetrator* or *sustained perpetrator* (**Please Note:** Cases involving adult victims are not included in the DFPS Central Registry).

In addition, you will not clear the Central Registry check if you are involved as an alleged perpetrator in an open child abuse or neglect investigation being conducted by DFPS. A new Central Registry check may be requested at the conclusion of the investigation to determine whether you have been listed as a designated perpetrator on the Central Registry of Child Abuse and Neglect.

As the subject of the request, you have the right to review the results of this check. If Central Registry history is found that identifies you as a person who has been found to have abused or neglected a child, DFPS will only send the results directly to you via mail or e-mail. You have the option to share these findings with the volunteer organization listed above (Section 2).

The criminal history check from DPS will include all Texas-based arrests and dispositions, including both convictions and cases with unknown dispositions. In some cases the search will produce juvenile criminal history results.

Unknown disposition information found may not be the most up-to-date information available. If the results returned from DPS include an unknown disposition, contact the court of jurisdiction and request an official certified copy of the disposition. The official certified copy and an [Error Resolution Form](#) should be sent to DPS at P.O. Box 4143, Austin, TX 78765 in order for the person's criminal history to be updated with DPS.

If you dispute the criminal history returned from DPS you will need to request a personal review by completing the [TXIREVIEW FAST Pass](#) and submitting fingerprints to DPS. To schedule a fingerprint appointment you will need to contact MorphoTrust enrollment services at (888) 467-2080. You will need to take the [TXIREVIEW FAST Pass](#) with you on the date of your scheduled fingerprint appointment.

**Section 5: Privacy Statement**

DFPS values your privacy. For more information, read our [privacy policy](#).