



3312 Hillcrest Dr. Waco, TX 76708
Phone: (254) 752-9330 • Fax: (254) 752-9655 • www.advocacycntr.org

Dear Potential Volunteer,

We are happy that you have chosen to volunteer with Advocacy Center for Crime Victims and Children. Please fill out the enclosed application packet completely.

- Give a reference form to three adults who are not relatives and that do not live in your household. The person making the reference should mail the completed form to
Advocacy Center for Crime Victims and Children
Attn.: Volunteer Reference
3312 Hillcrest Dr.
Waco, TX 76708

Please be sure that all 3 pages are sent to the Advocacy Center.

- When you have completed the application call 254-752-9330 ext. 100 to schedule an appointment to interview with the appropriate program.
- **For your interview**, bring your driver's license and proof of auto liability insurance with you. These will be copied and placed in your file.
- **Do not sign the *Personal Inquiry Waiver* before they are notarized.** If you need this form notarized please inform the person making the appointment. A Notary Public will be made available when you come in.
- Witnesses to other pages may be anyone over the age of 18.
- No volunteer may assume any duties for the agency until the background checks are returned with a clear history.

Sincerely,

Michelle Davis, MEd., LPC-S
Clinical Director, The Victims Center
254-752-9330 ext. 115
mdavis@advocacycntr.org



Our mission is to promote healing of children and crime victims through advocacy, collaboration, prevention and treatment.

ADVOCACY CENTER FOR CRIME VICTIMS AND CHILDREN

3312 Hillcrest Dr.
Waco, TX 76708
254-752-9330 ext. 100

VOLUNTEER APPLICATION

Please print clearly in ink or type. Do not leave any questions blank. Be sure to sign at the bottom of this page.

Name _____
(Last) (First) (Middle) (Maiden)

Mailing Address _____
(Street) (City) (State) (Zip)

How long: _____ County of Residence: _____

Email address _____ Social Security No. _____ - _____ - _____

(Primary Phone) (Secondary Phone) (Additional Number)

Emergency Contact Name _____ (Emergency Contact's Number) _____

(Date of birth, gender, and ethnicity are for demographic information only)

Date of Birth Male Female Ethnicity

Birth city and state (for background check purposes)

Select the program and position.	Volunteer	Intern		Volunteer Position Overview
<input type="checkbox"/> Prevention and Education				Prevention and Education Interns may work in areas of education, marketing, and other prevention activities.
<input type="checkbox"/> The Victims Center – Undergraduate or Graduate				Interns may work as case managers or provide individual/group counseling.
<input type="checkbox"/> Crisis Intervention Advocate				Crisis Intervention Advocates are trained to provide emotional support and information for survivors of crime, their friends and families, and may accompany a sexual assault survivor at the hospital.
<input type="checkbox"/> Sexual Assault Nurse Examiner (SANE)				SANEs collect evidence from a sexual assault survivor at the hospital for use in court to prosecute sexual predators. <i>*Volunteers must be registered nurses to apply.</i>
<input type="checkbox"/> Clerical / Administrative				Clerical volunteer opportunities consist of, but are not limited to, assisting with correspondence projects, fundraising, and general office duties.
<input type="checkbox"/> Other				<u>Describe activity you are requesting to perform:</u>

Please answer each question as fully as possible.

Place of employment: _____ How long: _____

Employer's Address: _____ ☐ Part Time ☐ Full Time

Position: _____ Supervisor's Name: _____

Highest level of education achieved:

☐ GED ☐ High School graduate ☐ Some college ☐ Associate ☐ Bachelor ☐ Post Graduate

If student now, which school? _____ ☐ Part Time ☐ Full Time

Degree or major: _____ Date of graduation: _____

Bilingual? _____ Which language(s)? _____ Degree of fluency: _____

Driver's license # _____ State: _____

Do you have reliable transportation? ☐ Yes ☐ No

Do you have restrictions or endorsements on DL?

☐ No ☐ Yes If yes, please explain: _____

Do you agree to maintain minimum auto liability insurance? ☐ Yes ☐ No

Do you have any personal experience with the following? (If yes, please explain)

Child Abuse ☐ No ☐ Yes

Alcohol/Substance Abuse ☐ No ☐ Yes

Family Violence ☐ No ☐ Yes

Suicide ☐ No ☐ Yes

Rape/Sexual Assault ☐ No ☐ Yes

Foster Care ☐ No ☐ Yes

Court System ☐ No ☐ Yes

Diverse populations ☐ No ☐ Yes

Working with children ☐ No ☐ Yes

Have you ever been declined or terminated as a volunteer? ☐ No ☐ Yes

If yes, please explain: _____

List other volunteer experiences. Use another sheet if needed.

Name of Organization

Dates

Why do you want to become a volunteer?

What are your areas of strength in working as a volunteer?

What are your areas of weakness in working as a volunteer?

List current memberships in clubs or organizations (include any offices held):

Complete all questions below (if yes, please explain)

Are you now receiving or have you ever received counseling? ☐ No ☐ Yes

Have you ever been hospitalized for an emotional problem? ☐ No ☐ Yes

Have you ever had allegations of sexual misconduct brought against you? ☐ No ☐ Yes

Have you ever been arrested? ☐ No ☐ Yes

Have you ever been charged and/or convicted of a misdemeanor? ☐ No ☐ Yes

Have you ever been charged and/or convicted of a felony? ☐ No ☐ Yes

Have you ever been or are you currently on probation/parole? ☐ No ☐ Yes

Have you ever been issued a traffic citation? ☐ No ☐ Yes

Do you have any DWI/DUI arrests or convictions? ☐ No ☐ Yes

Have you ever had your license revoked or suspended? ☐ No ☐ Yes

Have you or any member of your family ever been investigated by or been a party to a Department of Family and Protective Services case in Texas or another state? ☐ No ☐ Yes

Have you ever been charged and/or convicted of sexual misconduct? ☐ No ☐ Yes

Do you now or have you ever had a chemical or alcohol dependency/abuse problem? If yes, how long, dates of treatment, and length of sobriety ☐ No ☐ Yes

Do you have a health condition that would affect volunteer activities? ☐ No ☐ Yes

Please list any drugs/medications you take (OTC, prescription, other) on a regular basis:

As a volunteer, will you be willing to:

- | | | |
|--|------------------------------|-----------------------------|
| Commit to a minimum time as required by each program (usually one year) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attend all meetings and other activities related to your assignment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participate in initial training programs as required by your program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participate in Continuing Education training as required by your program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Advocacy Center for Crime Victims and Children does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment, volunteer opportunities or the provision of services.

The undersigned acknowledges and agrees that:

1. Additional personal information will be gathered during the application, training, and interview process including criminal and other background/reference checks, and previous employment and volunteer history.
2. Completion of requirements does not mean automatic certification as a volunteer.
3. Advocacy Center for Crime Victims and Children retains the right to refuse any individual initial or continuing volunteer positions that it feels would not be in the best interest of the agency or the clients served and is not required to state the reason(s) for non-acceptance.
4. I have truthfully and fully responded to all items on this application and understand that any misleading or false statements will disqualify me from all volunteer positions at Advocacy Center for Crime Victims and Children.
5. The volunteer's file becomes the property of Advocacy Center for Crime Victims and Children.

Applicant's Signature

Date

ADVOCACY CENTER FOR CRIME VICTIMS AND CHILDREN

3312 Hillcrest Dr.
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CONFIDENTIALITY OATH OR AFFIRMATION

In the best interest of the clients served by Advocacy Center for Crime Victims and Children's programs, which include The Victims Center, Children's Advocacy Center, Prevention and Education, and Sexual Assault Nurse Examiner (SANE), I, _____ (*print name clearly*) do hereby solemnly promise and pledge that I will faithfully, and to the best of my ability, preserve the confidentiality of any and all information learned, holding all such matters in strictest confidence, never to be divulged or discussed outside the Advocacy Center.

Signature

Date

Witness (anyone 18 or older)

Date

Media Release

I, _____ (*print name clearly*), will allow Advocacy Center for Crime Victims and Children to use my name in print and/or electronic media and/or videos/photos of me for the promotion of its programs, including The Victims Center, Children's Advocacy Center, Prevention and Education, and Sexual Assault Nurse Examiner (SANE) programs, as applicable.

Signature

Date

Witness

Date

**Personal Inquiry Waiver
Authority for Release of Information**

I respectfully request and authorize local, state, and federal criminal justice agencies to release to Advocacy Center for Crime Victims and Children any and all information that you may have concerning me, my work record, school record, and/or reputation. This information provided is for the sole purpose of determining my qualifications and fitness for the position I am seeking with Advocacy Center for Crime Victims and Children.

I further authorize a personal background check, criminal history information check, and driving record check to be conducted on my person through sources to include, but not limited to, the local Police Department and the Texas Criminal Information Center (TCIC)/National Crime Information Center (NCIC) to determine my eligibility for volunteer status with Advocacy Center for Crime Victims and Children. This executed personal inquiry waiver shall allow Advocacy Center for Crime Victims and Children to complete any number of personal background, criminal history, and driving record checks as needed for a period of five (5) years from date of signature.

I hereby release you, your organization, Advocacy Center for Crime Victims and Children, and others from any liability or damage that may result from furnishing the information requested above.

This form must be notarized. Do not sign until time of notarization.

Full name of applicant: _____
(Please print clearly)

Address: _____

Driver's License Number & State: _____ Date of Birth: _____

Signature of Applicant: _____

Subscribed and sworn before me this, the _____ day of _____ in the year _____.

Signature of Notary Public

(seal)

My commission expires _____

W B M F

Requested by: ☐ VC ☐ P&E ☐ CAC ☐ Administrative



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.

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
FAX: 512-339-5871

Mail: CBCU Non-Licensing Unit M/C 121-7
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)					
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)					
If you would like a copy of these results sent to you, please select the appropriate box. <input type="checkbox"/> Email (preferred method): _____ <input type="checkbox"/> Mail (results will be sent to the mailing address listed above)					

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

Della Hodge

Email Address

admindsupport@advocacycntr.org

Address

3312 Hillcrest Dr.

Apt. No. (if

applicable)

City

Waco

County

McLennan

State

TX

Zip Code

76708

Name of the volunteer organization the designee represents:

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 StatementDFPS values your privacy. For more information, read our privacy policy.

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ADVOCACY CENTER FOR CRIME VICTIMS AND CHILDREN
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Instructions to respondent: The person making the reference should mail the completed form (all three pages) to the address above. The envelope should be sent to the **ATTN.: Volunteer Reference**. Be sure to include all three pages when you mail it to us.

Name _____
(Last) (First) (Middle) (Maiden)

Mailing Address _____
(Street) (City) (State) (Zip)

Select the program and position.	Volunteer		Intern		Volunteer Position Overview
<input type="checkbox"/> Prevention and Education					Prevention and Education Interns may work in areas of education, marketing, and other prevention activities.
<input type="checkbox"/> The Victims Center – Undergraduate or Graduate					Interns may work as case managers or provide individual/group counseling.
<input type="checkbox"/> Crisis Intervention Advocate					Crisis Intervention Advocates are trained to provide emotional support and information for survivors of crime, their friends and families, and may accompany a sexual assault survivor at the hospital.
<input type="checkbox"/> Sexual Assault Nurse Examiner (SANE)					SANEs collect evidence from a sexual assault survivor at the hospital for use in court to prosecute sexual predators. <i>*Volunteers must be registered nurses to apply.</i>
<input type="checkbox"/> Clerical / Administrative					Clerical volunteer opportunities consist of, but are not limited to, assisting with correspondence projects, fundraising, and general office duties.
<input type="checkbox"/> Other					<u>Describe activity you are requesting to perform:</u>

I waive my rights to access to any and all letters or statements of recommendation that may be submitted as a reference in connection with my application for volunteer service at Advocacy Center for Crime Victims and Children. I give my permission to Advocacy Center to contact the reference named on this form.

Signature of applicant

Date

***Note to applicant: Please include your name at the top of the next page!**

To Whom It May Concern: _____
(Name of applicant)

has expressed an interest in serving as a volunteer for Advocacy Center for Crime Victims and Children. He/she is requesting a recommendation from you. It may be helpful in making your recommendation to review the volunteer position descriptions on the first page. The ability to interact well with people from a diverse population, as represented by our community, is required.

Thank you for completing this form and returning it at your earliest convenience to Advocacy Center for Crime Victims and Children ♦ ATTN.: Volunteer Reference ♦ 2323 Columbus Avenue ♦ Waco, TX 76701. Be sure to provide contact information at the end of the recommendation. Please print clearly.

1. Approximately how long have you known the applicant? _____
2. How well do you know the applicant? ☐ Casually ☐ Well ☐ Very Well
3. What is the nature of your relationship with the applicant?
4. Do you have knowledge of how the applicant relates to children? ☐ No ☐ Yes
If yes, please explain:
5. To your knowledge, has the applicant ever had an alcohol or drug problem? ☐ No ☐ Yes
6. To your knowledge, has the applicant ever been a suspect in an abuse case? ☐ No ☐ Yes
7. To your knowledge, has the applicant ever been arrested on misdemeanor or felony charges? ☐ No ☐ Yes
8. Describe notable strong points:
9. Describe notable weak points or potential problem areas:

	Superior	Good	Acceptable	Marginal	Poor	No Opportunity to Evaluate
Please rate the following: <i>(check the appropriate box)</i>						
Acceptance of people who are different from him/herself						
Ability to organize and carry through tasks						
Judgement in making decisions						
Ability to use supervision						
Personality & characteristics compatible to working with people						
Verbal communication skills						
Written communication skills						
Demonstrates appropriate assertiveness						
Openness to change and personal growth through new learning						
Demonstrates understanding of how he/she comes across to other people (self awareness)						

Additional comments:

The person recommending the applicant must complete the section below. Print clearly. Return the completed form to Advocacy Center for Crime Victims and Children ♦ ATTN.: Volunteer Reference ♦ 2323 Columbus Avenue ♦ Waco, TX 76701

Reference's Name: _____
Address: _____
City/State/Zip: _____
Email address: _____
Day Phone: _____ Evening Phone: _____

Signature of Reference, _____

Date _____

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Mailing Address _____
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