



3312 Hillcrest Dr. Waco, TX 76708  
Phone: (254) 752-9330 ♦ Fax: (254) 313-1155 ♦ [www.advocacycntr.org](http://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.

**OR**

Email the completed form to: **[opendoor@advocacycntr.org](mailto:opendoor@advocacycntr.org)**

- 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,

Doug Cummins, LPC  
Victims Center Program Director  
254-752-9330 ext. 116  
[dcummins@advocacycntr.org](mailto:dcummins@advocacycntr.org)

### 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 Gender Race/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			<b>Prevention and Education Interns and Volunteers</b> may work in areas of education, marketing, community outreach and other prevention activities.
<input type="checkbox"/> The Victims Center – Undergraduate or Graduate Students			<b>Clinical Interns</b> may work as case managers or provide individual/group counseling.
<input type="checkbox"/> Crisis Intervention Advocate			<b>Crisis Intervention Advocates</b> 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 Forensic Examiner (SAFE)			<b>SAFEs</b> 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"/> Fundraising and Development			<b>Fundraising volunteer opportunities</b> consist of, but are not limited to, event planning, committee membership, and soliciting donations.
<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 professional 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

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Diverse populations  No  Yes

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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

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 potential growth in working as a volunteer?

---

---

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

---

---

How do you practice self-care and support your own mental health?

---

---

---

**Complete all questions below (if yes, please explain)**

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

---

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/misuse problem? If yes, please explain.  No  Yes

---

---

As a volunteer, will you be willing to:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Commit to a minimum time as required by each program?                     | <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 |

**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.

Advocacy Center for Crime Victims and Children does not and shall not discriminate on the basis of race, color, religion (creed), sex, gender, gender identity, gender expression, age, national origin (ancestry), ability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

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Applicant's Signature

---

Date

**ADVOCACY CENTER FOR CRIME VICTIMS AND CHILDREN**

3312 Hillcrest Dr.  
Waco, TX 76708

**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 Forensic Examiner (SAFE), 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 Forensic Examiner (SAFE) programs, as applicable.

*Signature*

*Date*

*Witness (anyone 18 or older)*

*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 RECOMMENDATION**  
**ADVOCACY CENTER FOR CRIME VICTIMS AND CHILDREN**  
 3312 Hillcrest Dr.  
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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			<b>Prevention and Education Interns</b> may work in areas of education, marketing, and other prevention activities.
<input type="checkbox"/> The Victims Center – Undergraduate or Graduate			<b>Interns</b> may work as case managers or provide individual/group counseling.
<input type="checkbox"/> Crisis Intervention Advocate			<b>Crisis Intervention Advocates</b> 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)			<b>SANEs</b> collect evidence from a sexual assault survivor at the hospital for use in court to prosecute sexual predators. *Volunteers must be registered nurses to apply.
<input type="checkbox"/> Clerical / Administrative			<b>Clerical volunteer opportunities</b> 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:

Please rate the following: <i>(check the appropriate box)</i>	Superior	Good	Acceptable	Marginal	Poor	No Opportunity to Evaluate
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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Please rate the following: *(check the appropriate box)*

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## REQUEST FOR CENTRAL REGISTRY AND CRIMINAL HISTORY BACKGROUND CHECKS

**Purpose:** Representatives of Big Brothers and Big Sisters of America and Children's Advocacy Centers of Texas use this form to request the following background checks for potential and current volunteers, employees, and board members:

- A criminal history background check from the Texas Department of Public Safety (DPS).
- A child abuse and neglect Central Registry background check from the Texas Department of Family and Protective Services (DFPS).

**Directions:** The subject of the background check completes the following sections:

- *Section 1: Personal Information*
- *Section 2: Previous Places of Residence*
- *Section 6: Signatures*

The designee must do the following:

- Make sure the subject of the background check provided complete and accurate information in Sections 1 and 2 and signed and dated Section 6. The designee verifies the information by viewing official documents provided by the subject of the check, such as a driver's license or Social Security card.
- Complete *Section 3: Designee*.
- Enter the background check for the subject of the request in the Automated Background Check System (ABCS) for the associated account.

For additional questions, contact Background Checks at the following:

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

Mail: DFPS Background Checks M/C 121-7; PO BOX 149030, Austin, TX 78714-9030

Fax: 512-339-5831

SECTION 1: NAME		
First Name:	Middle Name: <input type="checkbox"/> No Middle Name	Last Name:
Have you ever used any other first, middle, or last names (such as a nickname, a married or maiden name, or a different spelling for your name)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered <i>Yes</i> above, you must list every other name you have used.		
OTHER FIRST NAMES	OTHER MIDDLE NAMES	OTHER LAST NAMES



**SECTION 2: OTHER PERSONAL INFORMATION**

Home Street Address:		City:	State:	Zip Code:
County of Residence:		Date of Birth:		Phone Number:
Social Security Number (if no SSN, provide alternate document name and ID number)		Driver's License Number and State:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander		

**SECTION 3: PREVIOUS PLACES OF RESIDENCE**

Have you lived outside the state of Texas in the past two years?  
 Yes    No

If you answered Yes above, list each place you lived outside of Texas within at least the past two years. Provide the complete address and the dates you lived there (continue on the back as needed).

FULL ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE)	DATES (MM/YYYY – MM/YYYY)

**SECTION 4: DESIGNEE**

Full Name:	Email Address:
Name of the Organization the Designee Represents:	



**SECTION 5: NOTE TO THE SUBJECT OF THE BACKGROUND CHECK**

A person is listed in the DFPS Central Registry when all the following occur:

- The person has been investigated for child abuse or neglect by Child Protective Services (CPS), Child Care Investigations (CCI), or HHSC Provider Investigations.
- The investigation resulted in a disposition of *Reason to Believe* for CPS and CCI cases or *Confirmed and Validated* for HHSC Provider Investigations cases.
- The person is listed as a designated perpetrator or sustained perpetrator.

Cases involving adult victims are not included in the DFPS Central Registry.

In addition, a person will not clear the Central Registry check if that person is 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 end of the investigation to determine whether the person has been listed as a designated perpetrator on the DFPS Central Registry.

As the subject of this background check request, you have the right to review the results of this check. If the Central Registry identifies you as a person who has been found to have abused or neglected a child, DFPS only sends the results directly to you by mail or email. You have the option to share these findings with the organization listed above (see Section 3).

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

Information about unknown dispositions may not be current. If the results returned from DPS include an unknown disposition or to dispute the criminal history record, visit the [DPS Criminal History Error Resolution](#) webpage for more information on how to update the criminal history record.

**SECTION 6: PRIVACY STATEMENT**

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).

**SECTION 7: SIGNATURE**

**Only the subject of the background check can sign this form.**

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 organization listed in Section 3.

I agree to update the organization of any changes to the information above.

I give permission to the organization listed in Section 3 to request a Central Registry child abuse and neglect background check and a DPS criminal history background check, as well as any subsequent checks so long as I am active with that organization.

I authorize DFPS to send the results of this background check via email, and I acknowledge that DFPS cannot guarantee that information sent 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.

By law, any information obtained through DFPS is confidential information and is personal in nature. I understand that I may have access to or may view confidential and sensitive information. I will not disclose confidential information to other people and under no circumstances will I intentionally access confidential information for any purpose other than in the performance of my assigned job duties.

Signature: <b>X</b>	Date Signed:
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**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 \_\_\_\_\_