



UNDERGRADUATE STUDENT VOLUNTEER PROGRAM APPLICATION

(Please Print or Type)

Name: _____ DOB: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell: (____) ____ - ____ Email address: _____

School: _____ Grade Level : _____

Major/Program of Study: _____

Number of Volunteer Hours Required this Semester: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: (____) ____ - ____

List any special skills, interests or talents you have: _____

Community Volunteer Experience:

Please list any previous volunteer experience, particularly working with children or families:

Date	Agency / Organization	Responsibilities
_____	_____	_____
_____	_____	_____

(Use additional page if necessary)

Additional Information:

Have you ever been arrested for or convicted of a felony or any other crime? N____/Y____

If yes, give complete information concerning the disposition of the offense: _____

Have you ever been the subject of an investigation conducted by the Texas Department of Family and Protective Services (CPS) or similar agency in another state? _____

Have you or a family member ever received services from Children's Advocacy Center for Denton County? N___/Y___

Do you have any physical limitations which may need special accommodations to help you in your volunteer duties? N___/Y___

Volunteer Statement:

I hereby acknowledge and understand that with the completion of this application, I give my permission to Children's Advocacy Center for Denton County and to its authorized agents to use any and all means to verify the information in this application. This includes the accessing of information with regards to criminal history, employment history and other information that may be appropriate to my qualifications to serve in community volunteer child abuse programs.

I further understand that Children's Advocacy Center for Denton County has the right to review this application's subsequent information, to unconditionally accept or reject my application for volunteer service, and to terminate my volunteer placement at any time, and that upon termination, I will return any and all property issued to me by this agency.

SIGNATURE OF VOLUNTEER _____ DATE _____

Pledge of Confidentiality

Any and all information observed in connection with volunteering at the Children's Advocacy Center for Denton County is considered strictly confidential. I accept full responsibility for maintaining the confidential and private nature of all records and information. I also agree not to post any pictures on social media taken at CACDC or CACDC functions due to client and/or volunteer confidentiality.

SIGNATURE OF VOLUNTEER _____ DATE _____

References:

(Please include 1 character and 1 academic reference)

1) Name: _____

Relationship: _____

Phone: _____

2) Name: _____

Relationship: _____

Phone: _____

For Office Use Only:

Date Application Received by Advocacy Center Staff: _____

Date of Student Orientation Attended: _____

Confidentiality and Commitment Pledge Received: _____

Background Check Results Received: _____

Department Assigned to: _____

Approval or Declined Email Sent to Student on: _____