



# UNDERGRADUATE STUDENT VOLUNTEER PROGRAM APPLICATION

## *Program Guidelines for Applicants*

- All applicants to volunteer must be at least 18 years of age.
- Applicants that have a family member that has received services from Children's Advocacy Center for Denton County will not be accepted due to state guidelines.
- Volunteers must not engage in an inappropriate relationship between themselves and clients of the Advocacy Center. Inappropriate relationships include but are not limited to dual, nonprofessional relationships (personal, business, financial, and/or sexual) with clients of the Children's Advocacy Center. Should you become engaged in any type of relationship with a center client, you are to immediately notify the volunteer coordinator via email or phone call. At that time, a determination will be made as to your volunteer status.
- The program shall not accept volunteers if they have been convicted, have prior charges, or have charges pending for a felony or misdemeanor involving a sex offense, violent act, child abuse or neglect, or related acts that would pose a risk to children or the Children's Advocacy Center for Denton County program's credibility. Additionally, the program shall not accept volunteers if they have a Department of Family and Protective Services (DFPS) disposition of Reason to Believe (RTB) for sexual abuse. All other RTB dispositions will be evaluated on a case-by-case basis and a determination made by the Advocacy Center's Chief Executive Officer.
- Approval for volunteering includes a three step process:
  1. Applicants are required to attend a volunteer orientation and training before being approved to volunteer.
  2. Applicants must pass a background check that includes a DFPS criminal and abuse check, a sex offender check and a federal background check. These will be rechecked every two years.
  3. After attending the orientation and training and background checks have been completed, an interview will be scheduled and references will be checked.

*(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: \_\_\_\_\_

3) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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**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: \_\_\_\_\_