

Date: _____



VOLUNTEER PROGRAM APPLICATION

Volunteer Contact:
Community Outreach Coordinator
1854 Cain Drive,
Lewisville, TX 75077
(972) 538-9615
michelle@cacdc.org
www.cacdc.org

Program Guidelines for Applicants

- All applicants to volunteer must be at least 21 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. Staff can offer other area non-profits that accept volunteers.
- 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. After attending the orientation and training, an interview will be scheduled and references will be checked.
 3. Applicants must pass a DFPS criminal and abuse background check. These will be rechecked every two years.

(Please Print or Type)

Name: _____ DOB: ____/____/____
 Street Address: _____ City: _____
 State: _____ Zip: _____ Cell: (____) ____ - ____ Home: (____) ____ - ____
 Email address: _____ Employer/School: _____

Emergency Contact:

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

Volunteer Interests:

How often would you like to volunteer? Regular ____ One Time ____ Special Events ____

Please check times you **are** available:

- Weekday Mornings (9-12)
- Weekday Evenings (5-8)
- Weekday Afternoons (1-4)
- Saturday Mornings (9-12)
- Saturday Afternoons (12-3)
- Other Day/Time

Notes on Availability:

Please indicate areas that you would be willing to assist us with:

- Community Ambassadors** - Represent the Children's Advocacy Center at various community events in Denton County. The Center will provide all the training needed.
- Seasonal Assistance Drives** - Participate in Back-to-School, Thanksgiving and Christmas drives to help families impacted by child abuse. Consider hosting a drive at your church, community group or neighborhood to collect needed items for these programs.
- Event Committees** - Join an amazing team of volunteers who organize the annual fundraising events (Champions for Children Gala -Spring).
- Family Greeter/Front Desk Reception**
- Handyman/Facilities Care**

- Hospitality** - Provide refreshments for weekly case review meetings.
- Team Adoption Program** - Provide care and support for the teams who directly serve the victims of child abuse. (Child Protective Services, Counseling Staff, Forensic interview Team, etc.) Great project for a church or neighborhood group.
- Seasonal Decorating** - Decorate lobby and designated areas of the building to help clients feel welcomed and appreciated. (Fall and Winter)

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 Denton County CAC 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 Denton County CAC 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.

SIGNATURE OF VOLUNTEER _____ DATE _____

References:

(Please include 1 character and 1 professional)

1) Name: _____

Relationship: _____

Phone: _____

2) Name: _____

Relationship: _____

Phone: _____

3) Name: _____

Relationship: _____

Phone: _____