



BREAKING THE CYCLE OF ABUSE,
ONE CHILD AT A TIME

“Break the Cycle of Abuse, One Child at a Time”.

Volunteers must:

Be at least 18 years of age
complete an application as well as consent to a background check
Sign a pledge of confidentiality

Application Process:

1. Submit completed application to the CAC in person.
 - a. _____ Volunteer Application
 - b. _____ Background Check Form F-500-2854
2. Application is processed and Background Check Form is submitted.
3. Background check process takes 3 – 4 weeks.
4. Upon clearing background check, your application will be reviewed and one of our staff will contact you to set up an interview.

Thank you for your interest in volunteering with the Children’s Advocacy Center!



Children's Advocacy Center of Hidalgo County, Inc.

525 W. Wisconsin Rd.
Edinburg, TX 78539
Phone (956) 287-9754 Fax (956) 287-9764

College Student
 Other _____

Volunteer/ Intern Application

First Name: _____ Last Name: _____ Middle Initial: _____
SSN: _____ DLN: _____ Gender: Male Female DOB: _____
Physical Address: _____ City/ State/ Zip: _____
Mailing Address (if different): _____ City/ State/ Zip: _____
Phone: (____) _____ Additional Phone: (____) _____
E-Mail: _____ Who referred you to CAC? _____
Please state reason for volunteer: _____
Number of hours for volunteer completion: _____
When can you start Volunteering? ASAP Other Date: _____
Applicable skills: Briefly state what experience or skills you have to contribute: (IE: Arts & Crafts, Etc.)

Type of volunteer service preferred: _____
(IE: Clerical, advocate, cooking/ baking, fundraising, etc.)
Are you willing to receive training for another assignment? Yes No

Education (Check highest level completed):

Elementary School	Middle School	High School	Vocational or Technical Training	College	Graduate School
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Interns: Undergraduate Graduate Post graduate
Name of University attending and location: _____
Major/ Minor: _____ Classification: _____
Expected date of Graduation: _____ Professor Contact: _____
Date of undergraduate degree: ____/____/____ Date of graduate degree: ____/____/____

Additional Languages (list):

Bi-lingual (American sign language included)? Yes No
If yes, please list languages (include level of fluency)? _____

Are you presently employed? Yes No If yes, where? _____
 Work Telephone: (____) _____ Occupation: _____
 Address: _____

Previous volunteer experience:

Organization:	Position:	Responsibilities:

Date(s) and time(s) available:

From: ___/___/___ To: ___/___/___ Hours per Week: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
a.m.	a.m.	a.m.	a.m.	a.m.	a.m.	a.m.
p.m.	p.m.	p.m.	p.m.	p.m.	p.m.	p.m.

Prior Employment:

Company:	Position:	Responsibilities:

Please list three (3) professional references (excluding relatives):

Name:	Phone #:	Relation:	Address:

Volunteer Agreement

I affirm that the information that I have provided is true and correct to the best of my knowledge.

I agree to conform to the CAC of Hidalgo rules and regulations to the best of my ability.

I agree to respect the confidential nature of case information and any personal contact with clients.

I agree to inform CAC of Hidalgo if I am named in complaints or indictments or convicted of offenses listed above.

I understand that CAC of Hidalgo will conduct a criminal history background check to verify information provided above.

I understand that I will begin service on a reciprocal trial basis and agree to participate in orientation and training.

Signature of Volunteer

Date

In case of emergency, please notify:

Name:	Relationship:	Phone#
Address:		

Children’s Advocacy Center of Hidalgo use only:

Date Received: _____

Received by: _____

BACKGROUND SCREENING CONSENT FORM

As part of a block placement with the Children’s Advocacy Center of Hidalgo County, Inc. you will be working with children and families who have been victims of abuse or have been witnesses to a crime. We are required by law and/or regulation to do the following background checks on all employees and volunteers:

- A criminal background check
- A child abuse and neglect background check
- A driving records check
- A personal reference background check

Please complete the following information:

SSN: _____ Driver’s License: _____ Date of Birth: _____

Other names you have used: _____

Have you lived in any other state? _____ If so, please list: _____

Race/Ethnicity
____ Black ____ White ____ Hispanic ____ Asian ____ Other

CHARACTER REFERENCES

Please give 3 character references:

Name, address, phone number (home and business). None can be relatives, Department of Protective and Regulatory Services employees, or current former supervisions.

Name: _____ Address: _____ Phone: Home: _____ Business: _____
Name: _____ Address: _____ Phone: Home: _____ Business: _____
Name: _____ Address: _____ Phone: Home: _____ Business: _____

By signing below you are allowing personnel from the Texas Department of Family and Protective Services (DFPS) permission to do a criminal background check, and inquiry into the CAPS/CANRIS system (Child and Adult Abuse Neglect and Report Inquiry System), a review of your driving record for the past three years, and to interview persons you gave as references. You are allowing persons who have the above information to release to the DFPS. A copy of this release will be as valid as the original.

Signature of Employee and/or Volunteer _____ Date _____

FELONY AND MISDEMEANAOR CONVICTION INFORMATION

Our agency screens prospective employees and volunteers to evaluate whether an applicant poses a risk of harm to the children, youth and families it serves. Information obtained does not automatically bar employment or volunteer opportunities. Relevant circumstances are appraised. This disclosure is to be completed by applicants prior to further consideration. Any falsification, misrepresentation, or incompleteness in this disclosure is sole and adequate grounds for rejection or termination. This agency works closely with federal, state and local law enforcement agencies to verify all information to the maximum permitted by law.

1. I have ___ have not ___ been under indictment or charged in an official criminal complaint accepted by a district or county attorney with a felony misdemeanor. If your answer is affirmative, please give details, including type of charges, date, place, nature of the conviction, and disposition.

2. I have ___ have not ___ ever been prohibited from serving in any capacity as an employee or volunteer with any organization or agency working with children. If your answer is affirmative, please give details, including the date, name or organization and address.

3. I have ___ have not ___ ever been reassigned, removed or asked to leave any position involving contact with children. If your answer is affirmative please give details, including the date, name of the organization and address.

I have read this form in its entirety and understand that the information may be verified by the Children’s Advocacy Center of Hidalgo County, and that the inclusion and /or admission of any false information or omission of any requested information is cause for my immediate dismissal from volunteer placement or employment at the Children’s Advocacy Center of Hidalgo County. I agree to inform the Children’s Advocacy Center of Hidalgo County if this information changes any time during my participation as a volunteer or employee.

Signature of Employee and/or Volunteer _____ Date _____

CHILDREN’S ADVOCACY CENTER OF HIDALGO COUNTY, INC.

PLEDGE OF CONFIDENTIALITY

Some of the duties of Children’s Advocacy Center of Hidalgo County volunteers involve access to personal information about children and their families. These may be clients, volunteers or employees of the Center.

Any information observed in connection with volunteering at the Children’s Advocacy Center of Hidalgo County is considered strictly confidential. Confidential information includes information about the client’s identity, his or her family’s identity, what transpired during any meeting with a client, any information gathered while working with the client or with the client’s family as well as any personal information disclosed to you in conversation during their visit at the Center.

VOLUNTEER PLEDGE OF CONFIDENTIALITY

I promise that I will hold in confidence all pertinent information relating to the individual cases and clients at the Children’s Advocacy Center. I will not violate the confidential relationship between the Children’s Advocacy Center, its volunteers, participation and related agencies, courts and any and all parties interviewed or present at the center. I will not remove written or taped information or records from the offices of the Children’s Advocacy Center of Hidalgo County without expressed permission from the Executive Director or designated professional staff.

I agree to return all information that I have gathered printed information or notations relevant to all cases’ and/or clients to whom I have been assigned at the request of the Executive Director or designated members of the professional staff of the Advocacy Center.

I accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am responsible and liable for any violation of this agreement.

Signature of Volunteer: _____ Date _____

