



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/University Degree: _____ Undergraduate Graduate
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: _____
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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 MISDEMEANOR 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 _____

CONSENT FOR CRIMINAL AND TDFPS BACKGROUND HISTORY CHECK

AUTHORIZATION/ WAIVER/ INDEMNITY

It is necessary for the Children’s Advocacy Center to perform criminal and TDFPS (Texas Department of Family and Services) background checks on our volunteers, student interns and employees due to the population we serve. Please read and sign all following consent forms, which give approval for the Children’s Advocacy Center of Hidalgo County to perform a criminal and TDFPS background search.

I hereby give my permission for the Children’s Advocacy Center of Hidalgo County to obtain information relating to my criminal and TDFPS history record. The criminal and TDFPS history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal and TDFPS history records check may be repeated at any time. I understand that I will have the opportunity to review the history and a procedure is available for clarification, if I dispute the record as reviewed.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify each of the officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, sums of money, claims, and demands whatsoever, and any all related attorney’s fees, court cost, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

Applicant’s signature	Date
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Please print name	Date
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The following information is collected exclusively for the purpose of conducting a record check:

Name _____

Last	First	Middle	Maiden
Date of Birth: ____/____/____	Sex: _____	Race: _____	

Social Security Number: ____ - ____ - ____

Driver’s License Number: _____ State: _____

For CAC Staff/Team use: Please initial upon completion of background checks.

P.D.: _____ Sheriff’s Dept.: _____ CPS: _____