



2/17/2009

Dear Potential Volunteer:

We are happy that you have chosen to apply as a volunteer with the Advocacy Center for Crime Victims and Children. Please fill out the enclosed application packet completely.

- Give the enclosed reference forms to three adults who are not relatives and do not live in your household. The person making the reference should mail the completed form to the Advocacy Center for Crime Victims and Children, 2323 Columbus Avenue, Waco, TX 76701. ATTN: CASA Recruiter or ATTN: Crisis Intervention Advocate
- When you have completed the application, call for an appointment with the Victim Advocate or CASA Recruiter at 752-9330, ext. **(see below)**. Bring your valid driver's license and proof of auto liability insurance with you to the appointment. These will be copied and placed in your file.
- **Do not sign** the Request For Child Abuse/Neglect Central Registry And DPS Criminal History Check or Personal Inquiry Waiver **before they are notarized**. Notarization may be completed during your appointment or you may have it notarized before you come in.
- Witnesses to other pages may be anyone over 18 years of age.
- No volunteer may assume any duties for the agency until the background checks are returned with a clear history.

Sincerely,

Mindi Masten, Victim Advocate
Crisis Intervention Advocate Program
254-752-9330 ext. **103**
mmasten@advocacycntr.org

Judy Rogers, Recruiter
Court Appointed Special Advocate
254-752-9330 ext. **118**
jrogers@advocacycntr.org

The Advocacy Center for Crime Victims and Children is an umbrella nonprofit organization of programs that serve to bring about healing to children and adults who are victims of crime and to facilitate change to end violence through advocacy, collaboration and community awareness.

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employment: _____ How long: _____

Employment address: _____ Part time Full time

Position: _____ Supervisor's Name: _____

Highest level of education achieved: GED High School Graduate Some college Associate Bachelor Post Graduate

If student now, which school? _____ Part time Full time

Degree or major: _____ Date of graduation: _____

Bilingual? _____ Which language(s)? _____ Degree of fluency? _____

Driver's License # _____ State: _____ Do you have reliable transportation? _____

Do you have any restrictions or endorsements on DL? Yes No If yes, explain: _____

Do you agree to maintain minimum auto liability insurance? _____ Yes _____ No

Do you have any personal experience with the following? (please explain):

Child abuse _____ Yes _____ No

Alcohol/Substance abuse _____ Yes _____ No

Family violence _____ Yes _____ No

Suicide _____ Yes _____ No

Rape/Sexual assault _____ Yes _____ No

Foster care _____ Yes _____ No

Court system Yes No

Diverse populations Yes No

Working with children Yes No

Have you ever been declined or terminated as a volunteer? Yes No

If yes, explain: _____

List other volunteer experiences. Use another sheet if needed.

Name of Organization

Dates

_____	_____
_____	_____
_____	_____

Why do you want to become a volunteer? _____

What are your areas of strength in working as a volunteer? _____

What are your areas of weakness in working as a volunteer? _____

List current memberships in clubs or organizations (include any offices held): _____

Complete all questions below.

Are you now receiving or have you ever received counseling? Yes No

If yes, explain: _____

Have you ever been hospitalized for an emotional problem? Yes No

If yes, explain: _____

Have you ever had allegations of sexual misconduct brought against you? _____ Yes _____ No

If yes, explain: _____

Have you ever been arrested? _____ Yes _____ No

If yes, explain: _____

Have you ever been charged and/or convicted of a misdemeanor? _____ Yes _____ No

If yes, explain: _____

Have you ever been charged and/or convicted of a felony? _____ Yes _____ No

If yes, explain: _____

Have you ever been or are you currently on probation/parole? _____ Yes _____ No

If yes, explain: _____

Have you ever been issued a traffic citation? _____ Yes _____ No

If yes, explain: _____

Do you have any DWI/DUI arrests or convictions? _____ Yes _____ No

If yes, explain: _____

Have you ever had your license revoked or suspended? _____ Yes _____ No

If yes, explain: _____

Have you or any member of your family ever been investigated by or been a party to a Department of Family and Protective Services case in Texas or another state? _____ Yes _____ No

If yes, explain: _____

Have you ever been charged and/or convicted of sexual misconduct? _____ Yes _____ No

If yes, explain: _____

Do you now or have you ever had a chemical or alcohol dependency/abuse problem? _____ Yes _____ No

If yes, how long, dates of treatment, and length of sobriety: _____

Do you have any health condition that would affect volunteer activities? _____ Yes _____ No

If yes, explain: _____

List any drugs/medications you take (OTC, prescription, other) on a regular basis: _____

As a volunteer, will you be willing to:

- | | |
|--|--------------------|
| Commit to a minimum time as required by each program (usually one year) | _____ Yes _____ No |
| Attend all meetings and other activities related to your assignment | _____ Yes _____ No |
| Participate in initial training program as required by your program | _____ Yes _____ No |
| Participate in Continuing Education training as required by your program | _____ Yes _____ No |

The undersigned acknowledges and agrees that:

1. Additional personal information will be gathered during the application, training and interview process including criminal and other background/reference checks, and previous employment and volunteer history.
2. Completion of requirements does not mean automatic certification as a volunteer.
3. The Advocacy Center for Crime Victims and Children retains the right to refuse any individual initial or continuing volunteer positions that it feels would not be in the best interest of the agency or the clients served and is not required to state the reason(s) for non-acceptance.
4. I have truthfully and fully responded to all items on this application and understand that any misleading or false statements will disqualify me from all volunteer positions at the Advocacy Center for Crime Victims and Children.
5. The volunteer's file becomes the property of the Advocacy Center for Crime Victims and Children.

Applicant's Signature

Date

CONFIDENTIALITY OATH OR AFFIRMATION

In the best interest of the clients served by the Advocacy Center for Crime Victims and Children's programs, which include the Victims Center, Court Appointed Special Advocates of McLennan and Hill Counties, Children's Advocacy Center, and Sexual Assault Nurse Examiner,

I, _____ (*print name clearly*) do hereby solemnly promise and pledge that I will faithfully, and to the best of my ability, preserve the confidentiality of any and all information learned, holding all such matters in strictest confidence, never to be divulged or discussed outside the Advocacy Center.

Signature

Date

Witness (anyone 18 or older)

Date

MEDIA RELEASE

I, _____ (*print name clearly*), will allow the Advocacy Center for Crime Victims and Children to use my name in print and/or electronic media and/or videos/photos of me for the promotion of its programs, including Court Appointed Special Advocates of McLennan and Hill Counties, Victims Center, Sexual Assault Nurse Examiners, and Children's Advocacy Center programs as applicable.

Signature

Date

Witness (anyone 18 or older)

Date

**Personal Inquiry Waiver
Authority for Release of Information**

I respectfully request and authorize local, state, and federal criminal justice agencies to release to the Advocacy Center for Crime Victims and Children any and all information that you may have concerning me, my work record, school record and or reputation. This information provided is for the sole purpose of determining my qualifications and fitness for the position I am seeking with the Advocacy Center.

I further authorize a personal background check, criminal history information check, and driving record check to be conducted on my person through sources to include, but not limited to, the local Police Department and the Texas Criminal Information Center (TCIC)/National Crime Information Center (NCIC) to determine my eligibility for volunteer status with the Advocacy Center.

I hereby release you, your organization, the Advocacy Center for Crime Victims and Children and others from any liability or damage that may result from furnishing the information requested above.

This form must be notarized. Do not sign until time of notarization.

Full Name of Applicant: _____
(Please print clearly)

Address: _____

Driver's License
Number & State: _____ Date of Birth: _____

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, _____

Signature of Notary Public

(Seal)

My commission expires _____

Date Completed