



9/10/2009

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 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, Sexual Assault Advocate
Crisis Intervention Advocate Program
254-752-9330 ext. **103**
mmasten@advocacycntr.org

Judy Rogers, CASA 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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Please answer each question as fully as possible.

Place of 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 Advocacy Center for Crime Victims and Children does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment, volunteer opportunities or the provision of services.

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 all others from any liability or damage that may result from furnishing the information requested above.

Complete, notarize and bring this form with your application packet to your interview. (See cover letter for appropriate program contact person.)

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)

W B M F

Status & Date Completed
by WPD

The Texas Department of Family and Protective Services (FPS) operates a Central Registry that identifies persons whom FPS has found to have abused or neglected children. FPS strives to provide the results of the Central Registry check **within 30 days**. A person may request a Central Registry check on him or herself by completing, having notarized and submitting this request form to:

For CASA applicants only. COMPLETE, NOTARIZE & bring this form with your application to your interview. (See cover letter for appropriate program contact person.)

Only CASA applicants use this form. All others skip this form and complete the next form.

REQUIRED IDENTIFYING INFORMATION ON REQUESTER - The requester must provide all of this information in order for a check to be made:

First Name	Middle Name	Last Name			
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
Residence Street Address		City	County	State	Zip Code
Residence Telephone No. (A/C)	Date of Birth	Gender: <input type="checkbox"/> Male - <input type="checkbox"/> Female		SSN	
Race (check all applicable) <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Nat Hawaii/Pacis <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine			Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine		
List other places you have resided in Texas (for a minimum of the past 5 years - continue on back as needed)					

<p>SEND RESULTS OF REQUESTED CHECKS TO:</p> <p><input type="checkbox"/> Requester, ~ OR <input checked="" type="checkbox"/> Designee ~</p> <p>Name of Designee: (909733) Barbara Wright, Associate Director ~ CASA</p> <p>Please check below to indicate Agency the Designee Represents: Advocacy Center for Crime Victims and Children</p> <p>Mailing Address of Designee (City, State, Zip): 2323 Columbus Ave Waco, TX 76701</p> <p>Email Address: bwright@advocacycntr.org</p>	<p>RESULTS OF CENTRAL REGISTRY CHECK:</p> <p>FPS returns the results of the Central Registry checks to the requestor or designee indicated to the left. The requester is entitled to have the results provided to him or to designate another person or entity to receive the results.</p> <p><u>NOTICE - NOTICE - NOTICE:</u> The requester may not have exhausted all opportunities to contest findings in the Central Registry. Therefore, a requester who designates another person/entity to receive the results of the check is hereby provided notice and cautioned that if he or she disagrees with any such findings, that he or she may have the right to challenge any such findings, and that he or she is authorizing FPS to release any such findings to a third party prior to or during any challenge to the accuracy of those findings.</p>
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Type of Agency:	
<input type="checkbox"/> a Texas affiliate of Big Brothers/Big Sisters of America	<input type="checkbox"/> a Texas chapter of the Make-a Wish Foundation of America
<input type="checkbox"/> the "I have a Dream/Houston" program	<input type="checkbox"/> a local affiliate of Children's Advocacy Centers of Texas
<input checked="" type="checkbox"/> an organization providing Court-Appointed Special Advocates for abused/neglected children (CASA)	

Signature of Requester _____ Date of Request _____

SUBSCRIBED AND SWORN TO before me this ____ day of _____, _____.

[Notary stamp or seal]

Notary Public

DPS Criminal History Check Requested? (for designated agency use only)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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FORM INSTRUCTIONS: (CASA applicants only)

Purpose - to provide a form that an individual can use to request a child abuse and neglect records check from the FPS Central Registry of Child Abuse and Neglect.

When to Use - FPS staff can partially complete and generate Form 2970 in order to give it to the requester for completion when a request for a central registry check is received verbally or when a written request not made on Form 2970 does not contain all the information required on Form 2970. A requester does not have to use Form 2970 to make this request but all the required information must be provided and the request must be notarized.

How to Complete - Form 2970 can be accessed from the Smiley face icon, under the APS/CPS Shared Forms menu. Prior to printing the form, staff must enter an address in the first paragraph on the form to indicate where the requester is to send the completed form. Staff may obtain this address from the Regional Director in the region. Staff then print the form and provide it to the requester so that he can complete and submit it.

Responding to Form 2970 When It Is Submitted - Staff designated by the Regional Director review the submitted form for completeness. If not complete and notarized, staff returns the form to the requester for completing. If the form is complete and notarized, staff conducts a person search. If the person is found on IMPACT, staff generates, complete as appropriate and print the Central Registry Response from IMPACT. If the person is not found on IMPACT, staff complete and print Form 2972, Child Abuse and Neglect Central Registry Check from the Smiley face icon (under the APS/CPS Shared Forms menu). Staff sends the printed form to the requester or his designee.

Retention - Form 2970 and a copy of the response are to be retained three years in administrative files, then destroyed in a manner consistent with observing the confidentiality of case and person information obtained from the central registry checks from IMPACT.

DETAILED INSTRUCTIONS

Enter the Name and Address of the Person Designated by the Regional Director to Receive Form 2970 - FPS staff enter the name and address of the person designated by the Regional Director to receive Form 2970.

Required Identifying Information on Requester:

First, middle, last name - The requester enters his legal name. Note: if the requester does not have a middle name, leave the 'Middle Name' field blank.

Other Names or Spellings Used - First, Middle, Last - The requester enters his married name(s), maiden name, alias(es), name(s) he uses every day, etc., if different from his legal name.

Residence street address, city, county, state, zip code - The requester enters this information on his current primary residence.

Telephone number (A/C) - The requester enters his primary telephone number, including the area code. If none, leave blank.

Date of Birth - The requester enters his birth date.

Gender - The requester checks the box that represents the appropriate gender.

SSN - The requester enters his social security number.

Race/Ethnicity - The requester checks the box that represents his race and ethnicity.

List other places you have resided (for a minimum of the past 5 years) - The requester enters the names of all the cities Texas where he has resided for at least the past 5 years, other than the current primary residence which has been given above. If none, leave blank.

Send Results of Central Registry Check to: Requester OR Designee - Name of Designee and Agency Designee Represents - At Mailing Address - The requester checks the appropriate box to indicate whether he wants the results of the central registry check sent directly to him or to a designee. If to a designee, the requester enters the name of the designee, the agency the designee represents and the mailing address to which the results of the central registry check are to be sent.

Signature of Requester - The requester signs the form before a notary public.

Date of Request - The requester enters the date he signed the form.

Subscribed and Sworn to Before Me this _____ day of _____ - Notary Public - Notary stamp or seal - The notary provides the information and signs and stamps/seals the form.

The Texas Department of Family and Protective Services (FPS) operates a Central Registry that identifies persons whom FPS has found to have abused or neglected children. FPS strives to provide the results of the Central Registry check **within 30 days**. A person may request a Central Registry check on him or herself by completing, having notarized and submitting this request form to:

For all applicants except CASA. COMPLETE, NOTARIZE & bring this form with your application to your interview. (See cover letter for appropriate program contact person.)

All applicants except CASA use this form. CASA applicants complete the previous form.

REQUIRED IDENTIFYING INFORMATION ON REQUESTER - The requester must provide all of this information in order for a check to be made:

First Name	Middle Name	Last Name			
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
Residence Street Address		City	County	State	Zip Code
Residence Telephone No. (A/C)	Date of Birth	Gender: <input type="checkbox"/> Male - <input type="checkbox"/> Female		SSN	
Race (check all applicable) <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Nat Hawaii/Pacis <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine			Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine		
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Type of Agency:	
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<input type="checkbox"/> the "I have a Dream/Houston" program	<input checked="" type="checkbox"/> a local affiliate of Children's Advocacy Centers of Texas
<input type="checkbox"/> an organization providing Court-Appointed Special Advocates for abused/neglected children (CASA)	

Signature of Requester _____ Date of Request _____

SUBSCRIBED AND SWORN TO before me this ____ day of _____, _____.

[Notary stamp or seal]

Notary Public

DPS Criminal History Check Requested? (for designated agency use only)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Signature of Requester - The requester signs the form before a notary public.

Date of Request - The requester enters the date he signed the form.

Subscribed and Sworn to Before Me this _____ day of _____ - Notary Public - Notary stamp or seal - The notary provides the information and signs and stamps/seals the form.

REQUEST FOR RECOMMENDATION
ADVOCACY CENTER FOR CRIME VICTIMS AND CHILDREN
 2323 Columbus Avenue ♦ Waco, TX 76701

Instructions to applicant: The applicant must complete this page before giving the request to the respondent. Print in black ink or type. Do not leave any items blank. Sign at the bottom of this page and then give the request for recommendation to three adults who know you well, are not relatives and do not live in your household.

Instructions to respondent: 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

Name _____
 (Last) (First) (MI)

Mailing Address _____
 (Street) (City) (State) (ZIP)

Check the program for which you desire to volunteer.	Check Volunteer or Intern*			Volunteer Position Descriptions
	Volunteer	Intern		
<input type="checkbox"/> Court Appointed Special Advocate (must be 21 or older)	<input type="checkbox"/>	<input type="checkbox"/>		<p>One of the main requirements to volunteer as a Court Appointed Special Advocate is a commitment to improve the life of a foster child. The CASA becomes a voice for the child within the court system.</p> <p>Victims Center Volunteers may work as case managers and/or provide individual and group counseling.</p> <p>SANEs collect evidence from sexual assault survivors at the hospital for use in court to prosecute sexual predators. Volunteers must be registered nurses to apply.</p> <p>Crisis Hotline Advocates are trained to provide emotional support and information for survivors of crime, their friends and families and may accompany sexual assault victims at the hospital.</p> <p>CAC volunteers work to provide a supportive environment for children and families.</p>
<input type="checkbox"/> Victims Center Case Management Counseling		<input type="checkbox"/>		
<input type="checkbox"/> Crisis Hotline Advocate	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Children's Advocacy Center Advocate	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Sexual Assault Nurse Examiner	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Other (Describe):				

I waive my rights to access to any and all letters or statements of recommendation that may be submitted as a reference in connection with my application for volunteer service at the Advocacy Center for Crime Victims and Children. I give my permission to the Advocacy Center to contact the reference named on this form.

Signature of Applicant _____

Date _____

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To Whom It May Concern:

The applicant listed on the first page of this form has expressed an interest in serving as a volunteer for the Advocacy Center for Crime Victims and Children. He/she is requesting a recommendation from you. It may be helpful in making your recommendation to review the volunteer position descriptions on the first page. The ability to interact well with people from diverse populations, as represented by our community, is required.

Thank you for completing the following two pages of this form and returning it at your earliest convenience to the Advocacy Center for Crime Victims and Children ♦ 2323 Columbus Avenue ♦ Waco, TX 76701. Be sure to provide contact information at the end of the recommendation. Please print clearly.

1. Approximately how long have you known the applicant? _____
2. How well do you know the applicant? _____ Casually _____ Well _____ Very Well
3. What is the nature of your relationship with the applicant?
4. Do you have knowledge of how the applicant relates to people? _____Yes _____No
If yes, please explain:
5. To your knowledge, has the applicant ever had an alcohol or drug problem? _____Yes _____No
6. To your knowledge, has the applicant ever been a suspect in an abuse case? _____Yes _____No
7. To your knowledge, has the applicant ever been arrested on misdemeanor or felony charges? _____Yes _____No
8. Describe notable strong points:

9. Describe notable weak points or potential problem areas:

Please rate the following: <i>(check the appropriate box)</i>	Superior	Good	Acceptable	Marginal	Poor	No Opportunity to Evaluate
Acceptance of people who are different from him/herself						
Ability to organize and carry through tasks						
Judgment in making decisions						
Ability to use supervision						
Personality & characteristics compatible to working with people						
Verbal communication skills						
Written communication skills						
Demonstrates appropriate assertiveness						
Openness to change and personal growth through new learning						
Demonstrates understanding of how he/she comes across to other people (self awareness)						

Additional comments:

The person recommending the applicant must complete the section below. Print clearly. Return the completed form to the Advocacy Center for Crime Victims and Children ♦ 2323 Columbus Avenue ♦ Waco, TX 76701

Reference's Name: _____ Address: _____ City/State/Zip: _____ Email address: _____ Day Phone: _____ Evening Phone: _____

Signature of Reference Date

The Advocacy Center for Crime Victims and Children does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment, volunteer opportunities or the provision of services.