



*Advocacy Center for Crime Victims and Children  
2323 Columbus Avenue ♦ Waco, TX 76701  
Phone: (254) 752-9330 ext.141 ♦ Fax: (254) 752-9655*

5/8/2006

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 Volunteer Coordinator at the Advocacy Center for Crime Victims and Children, 2323 Columbus Avenue, Waco, TX 76701.
- When you have completed the application, call for an appointment with the Volunteer Coordinator at 752-9330, ext. 141. 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 Personal Inquiry Waiver before it is notarized. Notarization may be completed during your appointment with the Volunteer Coordinator. There is no fee for this service.
- Witnesses to other pages may be anyone over 18 years of age.
- Forms approving background checks (criminal history background check and child abuse and neglect background check) are part of this packet. No volunteer may assume any duties for the agency until the background checks are returned with a clear history.

Sincerely,

Carol Harper, Volunteer Coordinator  
254-752-9330 x 141  
[charper@advocacycntr.org](mailto:charper@advocacycntr.org)

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*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

Substance abuse \_\_\_\_\_ Yes \_\_\_\_\_ No

Family violence \_\_\_\_\_ Yes \_\_\_\_\_ No

Suicide \_\_\_\_\_ Yes \_\_\_\_\_ No

Rape/Sexual assault \_\_\_\_\_ Yes \_\_\_\_\_ No

Foster care  Yes  No

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Court system  Yes  No

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Diverse populations  Yes  No

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Working with children  Yes  No

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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? \_\_\_\_\_

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

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

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

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**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, CANRIS and 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**

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**CONFIDENTIALITY OATH OR AFFIRMATION**

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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.

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*Signature*

*Date*

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*Witness*

*Date*

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***MEDIA RELEASE***

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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.

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*Signature*

*Date*

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*Witness*

*Date*

The Advocacy Center for Crime Victims and Children requests that each prospective volunteer complies with obtaining a CANRIS SOUNDEX background check. This is a procedure whereby the Texas Department of Protective and Regulatory Services checks your name against a list of alleged or sustained perpetrators of abuse. To comply with this requirement, you will be required to complete PRS TFORM 2207-A. The following information will be requested:

- |                           |                     |
|---------------------------|---------------------|
| 1. Full Name              | 5. Current Address  |
| 2. Prior or Other Names   | 6. Previous Address |
| 3. Date of Birth          | 7. Ethnicity        |
| 4. Social Security Number | 8. Signature        |

Regional data communications or the PRS staff responsible for SOUNDEX requests will complete the search and complete Temporary Form #332207-B for each individual. This form will be returned to the Advocacy Center office.

I give my permission for Child Protective Services to search its Child Abuse and Neglect Reporting and Inquiry System for any listings showing me as an alleged or sustained perpetrator on any report and disposition of reason to believe. I have not requested a release hearing that is currently pending resolution. I have attached a photocopy of my current driver's license.

I agree to share the information with the Advocacy Center office upon receipt. I understand if there is a record on me, I may request a release hearing, following existing procedure for any release hearings resulting from such a request. If a release hearing is already underway, PRS will notify me that the results of that hearing will apply to the background search requested for my volunteer application. Further, I understand that if I do not comply with this procedure, I will not be able to become a volunteer at the Advocacy Center for Crime Victims and Children.

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**Signature of Applicant**

**Date**

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**Instructions for TForm 2207-A (form is on next page)**

Purpose: To allow an individual to request a record of their status as an alleged or sustained perpetrator on the CANRIS system through a SOUNDEX search.

Detailed Instructions:

*Line 1* Full Name: The individual must enter his/her full name, last, first and middle initial.

*Line 2* Prior or other names: The individual must enter her maiden name and any other names they have been known by in the past.

*Line 3* Date of Birth: The individual must enter his/her date of birth.

*Line 4* Social Security Number: The individual must enter his/her social security number.

*Line 5* Current Address: The individual must enter his/her current address.

*Line 6* Previous Addresses: The individual must enter his/her previous addresses for the last ten (10) years.

*Line 7* Ethnicity: The individual checks the box for his/her ethnic background.

**Ethnic Group Code:**

**A** Anglo

**B** Black

**H** Hispanic (includes Mexican-American, Spanish-American, Chicano, Mexican, Cuban)

**I** American Indian (includes Alaskan natives)

**O** Oriental (includes Indochinese, Asian or Pacific Islanders)

**X** None of the Above

*Line 8* Signature: The individual **attaches a photocopy of his/her Texas driver license or identification** card and signs the form.

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**Individual CANRIS Record Request (TForm 2207-A)**

Full Name: Last, First, M.I.

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Prior Surnames/Other Names:

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Date of Birth:

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Social Security Number:

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Current Address:

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Previous Addresses: (Last ten years)

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Ethnicity:  A  B  H  I  O  X

I request that the Child Protective Services division of the Texas Department of Protective and Regulatory Services conduct a search of its Child Abuse and Neglect Reporting and Inquiry System (CANRIS) to determine whether I am listed as an alleged or sustained perpetrator on any report with a disposition of reason to believe. I have not requested a release hearing that is currently pending resolution. A photocopy of my current Texas Department of Public Safety Driver License or Identification Card is attached.

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**Signature of Applicant**

**Date**

**Please allow ten working days for response.**

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**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