



General Volunteer Application

Instructions: Please print in ink and fill out all sections completely. Please also complete the Confidentiality Agreement, Felony Conviction Information, and Background Check Permission forms. Return the forms to Children's Advocacy Center of Greater West Texas, Inc. P.O. Box 5195 • 317 Koberlin Street, San Angelo, TX 76902

Personal Information

(Confidential)

Application Date: _____

Name: _____

Address: _____ City: _____ Zip Code: _____

How long at this address? _____ If less than 3 years, list prior address below.

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State of Issuance: _____

Employment Information

Employer: _____ Occupation/Title: _____

Address: _____ City: _____ Zip Code: _____

Supervisor: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ Address: _____

Education Information

(Circle highest completed)

High School: 9 10 11 12 GED

College: 1 2 3 4 Degree: _____

Graduate School/Advanced Degree: 1 2 3 4 Degree: _____

Current School/Training: _____ Course: _____

If you completed college coursework, describe any special concentration, training, degree, etc.

Language

Are you fluent in any foreign language? Yes No

If yes, please list: _____

Special Skills

Please list any special skills, hobbies, or interests that might be helpful in your work.

Work/Volunteer Experience

Please list any previous experience, particularly experience working with children and families.

Agency/Organization: _____

Responsibilities: _____ Length of Service: _____

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Responsibilities: _____ Length of Service: _____

How did you hear about Children's Advocacy Center of Greater West Texas, Inc.?

Why would you like to be a part of Children's Advocacy Center of Greater West Texas, Inc.?
(Use the back of this sheet if necessary)

Schedule Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Personal References

Please list three references (at least one personal, other than a relative, and at least one professional).

Name: _____ Relationship: _____

Address: _____ Phone: _____

Email: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Email: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Email: _____

Thank you for completing the application. Please continue to the Confidentiality Agreement, Felony Conviction Information, and Background Check permission sheets.

Pledge of Confidentiality

Some of the work you may do as an employee at Children's Advocacy Center of Greater West Texas, Inc. will give you access to personal information about clients of the center, children and their families, as well as employees and volunteers at the center.

Any information observed in connections with working or volunteering at Children's Advocacy Center of Greater West Texas, Inc. is considered confidential. Confidential information includes information about the client's identity, his or her seeking services at the center, what transpired at any meeting with the client and/or any information gathered while working with the client and/or family, as well as any personal information disclosed to you in during your employment with Children's Advocacy Center of Greater West Texas, Inc.

I promise that I shall hold in confidence all pertinent information relating to the individual cases and clients to which I am assigned. I will not violate the confidential relationships between Children's Advocacy Center of Greater West Texas, Inc., its volunteers, participating and related agencies, courts and any and all parties interviewed or present at the center. I will not remove any written records from the offices of Children's Advocacy Center of Greater West Texas, Inc. without the expressed permission from the executive director or designated staff member.

I agree to return all information that I have gathered, together with any printed matter or notations relevant to any and all cases and/or clients to which I have been assigned, at the request of the executive director or designated staff member, at the close of a case, or if my service with Children's Advocacy Center of Greater West Texas terminates. I accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this agreement and that any violation can result in immediate termination of employment.

Signature

Date

Address

City/State

Phone Number

Alternate Number

Witness Signature

Date

Felony Conviction Information

Children's Advocacy Center of Greater West Texas, Inc. works in conjunction with law enforcement, state and county agencies involved in the legal process. Therefore, we are required to have our employees and volunteers complete this "Felony Conviction Information" form.

1. I have _____ have not _____ been convicted, within 10 years preceding this date, of a felony or misdemeanor within the prohibited class or felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substance Act.

If your answer is affirmative, please give details; include date, place, nature of conviction and disposition.

2. I am _____ am not _____ currently under the indictment or charged in an official criminal complaint accepted by a district or county attorney with a felony misdemeanor within the prohibited classes.

If your answer is affirmative, please give details; include the types of charges.

3. 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; include the date, name of organization and address.

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4. 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; include the date, name of organization and address.

I have read this form in its entirety and understand that the information may be verified by Children's Advocacy Center of Greater West Texas, Inc. and that the inclusion of any false information or the omission of any requested information is just cause for immediate termination of employment/volunteering with Children's Advocacy Center of Greater West Texas, Inc.

I agree to inform Children's Advocacy Center of Greater West Texas, Inc. if this information changes at any time during my employment/volunteering.

Signature

Date

Permission to Check References/Records

I hereby give permission to Children's Advocacy Center of Greater West Texas, Inc. to inquire about my qualifications and/or character. I understand that the information requested below will be used for the purpose of a reference/records check and that this check may be made by phone or in writing and will include present and past employers, volunteer organizations, personal reference and Department of Human Services and police records. The results of the records check will be kept confidential and the only information in center files will be whether I have been approved or not.

Please Print.

First Name: _____ Middle Name: _____ Last Name: _____

Previous Name(s) Used: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Driver's License Number: _____ State of Issuance: _____

Employer: _____ Occupation/Title _____

How long have you worked for this employer? _____

Work Address: _____ City: _____ State: _____ Zip Code: _____

Marital Status: Single Married If married, provide spouse's information below.

Spouse's Name: _____ Date of Birth: ____/____/____

Child(ren)'s Name: _____ Date of Birth: ____/____/____

_____ Date of Birth: ____/____/____

_____ Date of Birth: ____/____/____

Signature

Date

Witness Signature

Date

FOR OFFICE USE ONLY: *Approved* *Not Approved* *Initials:* _____ *Date:* _____

FBI Fingerprint Background Checks

(All information on this form must be provided and legible.)

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: ____/____/____ Gender: ____ Height: ____ Weight: ____

Hair Color: _____ Eye Color _____

Place of Birth (city, county, and state): _____

Citizenship Country: _____

Ethnicity: _____

Driver's License #: _____ State of Issuance: _____ Class: _____

Employer Name: _____ Employer Phone: _____

Employer Address (street address, city, and state): _____

Please provide three (3) days and times that you would be available to have your fingerprint appointment. We will get your appointment as close to your request as possible.

Date: ____/____/____ Time Range: _____ - _____

Date: ____/____/____ Time Range: _____ - _____

Date: ____/____/____ Time Range: _____ - _____