



ADVOCACY CENTER FOR THE CHILDREN OF EL PASO

VOLUNTEER APPLICATION

(PLEASE Print or type)

Ms.
Name Mr. _____ Date of Application _____
Mrs.
Address _____ City _____ Zip _____
Phone(H) (____) _____ (Cell) (____) _____
Email _____

If less than 3 years at this address, please list prior address:

STREET

CITY

STATE

ZIP

Sex: ____ Date of Birth: ____/____/____ Marital Status: _____

Name of spouse: _____ Maiden Name: _____

Children's Name: _____ D.O.B. _____

_____ D.O.B. _____

_____ D.O.B. _____

_____ D.O.B. _____

Social Security Number: ____-____-____ Driver's License Number: _____

Automobile insurance: YES No

Insurance Company Name: _____

Liability Limits: _____ Dates of Coverage: From _____ through _____

IN CASE OF EMERGENCY DURING ANY INFORMATION PLACEMENT, PLEASE NOTIFY:

Name _____ Phone: (____) _____

Address: _____

Name _____ Phone: (____) _____

Address: _____

VOLUNTEER HOURS: Approximately how much time could you contribute as a volunteer?
_____ Hours/Week _____ Hours/Month _____ Days/Month

TIME(S) AVAILABLE TO VOLUNTEER: (Please Check)

	Mon	Tues	Wed	Thurs	Fri
Morning	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____

PERSONAL REFERENCES: Please list three references with daytime phone numbers. Please give one personal, non-related individual and two professional or volunteer related references:

1. Name _____ Phone (____) _____

Address _____ City/State/Zip _____

2. Name _____ Phone (____) _____

Address _____ City/State/Zip _____

3. Name _____ Phone (____) _____

Address _____ City/State/Zip _____

IT WILL BE NECESSARY FOR WRITTEN REFERENCES TO BE RECEIVED BY OUR AGENCY *BEFORE* YOU WILL BE PLACED AS A VOLUNTEER IN OUR PROGRAM.

EDUCATION: (Circle highest completed)

High School: 9 10 11 12

College: 1 2 3 4 Degree: _____

Graduate School: 1 2 3 4 Degree: _____

Current School: _____ Course: _____

IF YOU HAVE EDUCATION BEYOND HIGH SCHOOL, DESCRIBE MAJOR AREAS, SPECIAL TRAINING, DEGREES, CERTIFICATION, ETC. _____

EMPLOYMENT: If currently employed, please complete:

Occupation / Title: _____ How long? _____

Company: _____

Address: _____ City/State: _____ Zip: _____

PLEASE GIVE A BRIEF EMPLOYMENT HISTORY (last five years):

COMMUNITY VOLUNTEER EXPERIENCE: Please list any previous volunteer experience, particularly working with children / families.

#Years	Agency / Organization	Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use back of page if necessary)

PRESENT VOLUNTEER ACTIVITIES:

1. _____

2. _____

3. _____

DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH? If yes, what languages?

WHAT DO YOU FEEL ARE THE STRENGTHS THAT YOU WILL BRING TO THIS PROGRAM?

1. _____

2. _____

3. _____

WHAT DO YOU FEEL ARE YOUR PRIMARY CONCERNS ABOUT BECOMING A VOLUNTEER IN THIS PROGRAM?

1. _____

2. _____

3. _____

ADDITIONAL INFORMATION: If there is anything else about your history that you would like to share with us, please feel free to do so in the space below or verbally at your interview.

(Use back of page if necessary)

IF YOU HAVE HAD SOME PERSONAL EXPERIENCE INVOLVING ANY OF THESE SYSTEMS, PLEASE DESCRIBE:

1. Child Welfare:

2. Juvenile Court System:

3. Foster Care:

4. Other agencies offering services to a child:

WRITE A BRIEF STATEMENT ON WHY YOU HAVE CHOSEN TO WORK A COMMUNITY CHILD ABUSE AGENCY AT THIS PARTICULAR TIME IN YOUR LIFE.

**ADVOCACY CENTER FOR THE CHILDREN OF EL PASO
INDIVIDUAL CANRIS RECORD REQUEST**

Full Name: _____
(Last) (First) (Middle)

Prior Surnames/ Other Names: _____
(Last/ Maiden Name)

Date of Birth: ____/____/____

Social Security Number: ____ - ____ - ____

Current Address: _____
(Street) (City / State) (Zip Code)

Previous Address(es): (Last Ten Years)

(Street) (City / State) (Zip Code)

Ethnicity: ___Anglo ___ African American ___Hispanic ___Asian ___ Other

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 (CARNIS) to determine whether I am listed as an alleged or sustained perpetrator on any report of 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.

(Signature) (Date)

Please allow ten working days for response.

Advocacy Center for the Children of El Paso
Volunteer Information

Full Name: _____
(Last) (First) (Middle/ Maiden)

Current Address: _____
(Street) (City / State) (Zip Code)

Home Phone: _____ **Work Phone:** _____

Date of Birth: ____ / ____ / ____

Social Security Number: ____ / ____ / ____

Driver's License Number: _____ **State:** _____

Advocacy Center for the Children of El Paso Pledge of Confidentiality

Some of the work you may do, if you become a volunteer with the Advocacy Center for the Children of El Paso, will give you access to personal information about children and families, who are the clients of the Advocacy Center for the Children of El Paso, employees, and other volunteers of those agencies.

Any information observed in connection with volunteering at the Advocacy Center for the Children of El Paso is considered **strictly** confidential. Confidential information includes information about the client's identity, his/ her seeking services of the Advocacy Center for the Children of El Paso, what transpired at any meeting with the client and/or any information gathered while working with the client or the client's family as well as any personal information disclosed to you in your volunteer capacity at the Advocacy Center for the Children of El Paso.

VOLUNTEER PLEDGE OF CONFIDENTIALITY:

I, _____, promise that I shall hold in confidence all pertinent information relating to the individual cases and clients at the Advocacy Center for the Children of El Paso. I will not violate the confidential relationship between the Advocacy Center for the Children of El Paso, its volunteers, participating and related agencies, courts, and any and all parties interviewed or present at the Advocacy Center for the Center of El Paso. I will not remove any written information or records from the offices of the Advocacy Center for the Children of El Paso without the expressed permission from the Executive Director or any designated member of the professional staff.

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 any designed member of the professional staff, at the close of a case, or if my services to Advocacy Center of the Children of El Paso 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.

(Signature of Volunteer)

(Date)

Advocacy Center for the Children of El Paso

VOLUNTEER STATEMENT

I, _____, hereby acknowledge and understand that with the completion of this application, I give my permission to the Advocacy Center for the Children of El Paso and to its authorized agents to access information with regards to criminal history, employment history, and other information that may be appropriate to my qualifications to serve in community volunteer child abuse programs.

I further understand that the Advocacy Center for the Children of El Paso has the right to review this application's subsequent information, to unconditionally accept or reject my application for volunteer service, and terminate my volunteer placement at any time, and that upon termination, I will return any and all property issued to me by this agency.

I understand and agree to abide by the regulations and policies of the Advocacy Center for the Children of El Paso which specify that for the protection of all served, every person is prohibited from disclosing the contents of any communications, records, and/or files, except for the purposes directly connected with the administration of the Advocacy Center for the Children.

I understand that after successfully completing orientation and training sessions, personal interviews, and volunteer placement, I will be expected to serve as a volunteer in a probationary status for three months. If qualified, I will complete another nine months of service for a total minimum of volunteer service of one (1) year with the Advocacy Center for the Children of El Paso. If unforeseen circumstances should prevent me from fulfilling this obligation, I will submit my written resignation to the Volunteer Coordinator with as much advance notice as circumstances permit.

(Signature of Volunteer)

(Date)

(Signature of ACCEP Staff Member)

(Date)

Advocacy Center for the Children of El Paso

FELONY CONVICTION INFORMATION

The Advocacy Center for the Children of El Paso works in conjunction with law enforcement, and state and county agencies involved in the legal process. Therefore, it is required that all applicants complete the following "Permission to Check Records" form attached.

1. I have ___ have not ___ been convicted of a felony or a misdemeanor.

If your answer is affirmative, give details, including date, place, nature or conviction, and disposition. _____

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

If your answer is affirmative, please give me details, including type of charges. _____

3. I have ___ have not ___ ever been prohibited from serving in a capacity as an employee or volunteer with any organization or agency working with children.

If your answer is affirmative, please give details, including date, name of organization and address. _____

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, including date, name of organization and address. _____

I have read this form in its entirety and understand that the information may be verified by the Advocacy Center for the Children of El Paso, 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 with this agency. I agree to inform the Advocacy Center for the Children of El Paso if any information changes any during my participation as a volunteer at the Advocacy Center for the Children of El Paso.

(Signature of Volunteer)

(Date)

ADVOCACY CENTER FOR THE CHILDREN OF EL PASO

Applicant Release

I, _____, agree that the Advocacy Center for the Children of El Paso (ACCEP), or it's representatives, has my permission to contact the following reference and to obtain the requested information. This information is for the sole use of ACCEP and I release them from any liability with regard to this information.

Applicant's Signature Date

The Advocacy Center for the Children of El Paso is a private, non - profit organization that advocates for the child victims of physical and sexual abuse, serving also the non - offending family members of child victims. ACCEP works with law enforcement, child protective services, and legal, medical, mental health, and educational agencies.

Volunteer reference

Reference: _____

Address: _____

Phone: (_____) _____

Dear _____:

We would appreciate your appraisal of _____,

Social Security#: _____ - _____ - _____

Please indicate applicant's employment /volunteer service:

from _____, 19__ to _____, 19__

	Good	Average	Poor
Appearance	_____	_____	_____
Ability to Learn	_____	_____	_____
Dependability	_____	_____	_____
Quality of work	_____	_____	_____
Initiative	_____	_____	_____
Ability to Work Others	_____	_____	_____

Additional Comments: _____

My acquaintance has been as: _____

Thank you for your assistance in this reference check. Please sign / date this form before returning it in the self addressed stamped envelope.

Signature Title

Company Date