Dear Prospective Volunteer,

Thank you for your interest in volunteering with the Center for Child Protection. Volunteers provide the vital support needed for the Center’s successful operation and we offer a variety of volunteer opportunities. To learn more about specific volunteer roles at the Center, please visit our website at www.centerforchildprotection.org and click on the volunteer tab at the top of the page.

By filling out the attached volunteer application, you are one step closer to becoming part of a supportive process for young victims of violence. Here are a few important tips on filling in this application:

- Please print clearly, answer all questions and complete all pages (with the exception of the Student Intern page if it does not apply), as incomplete applications will not be reviewed.
- This application includes several forms for the purpose of records checks. Please pay particular attention to questions asked on both our application and/or records checks.
- Applications cannot be faxed in, we need original signatures for background checks.
- Mail or deliver applications to: Volunteer Coordinator
  Center for Child Protection
  8509 FM 969 Bldg 2
  Austin, TX 78724

After completing and sending in your volunteer application, the following steps will need to be taken before you are matched with a volunteer position:

1. Complete volunteer application
2. Process records and criminal background checks
3. Interview with Center Volunteer Coordinator
4. Attend our required CCP Volunteer Training
5. Attend program-specific training, if necessary

Once we receive your background checks (usually takes 2-3 weeks), we will contact you to set up a volunteer interview. If you have any questions or would like additional information, please contact me by phone at (512) 472-1164 or by email at awest@centerforchildprotection.org.

Again, thank you for your support – we hope to see you around the Center soon!

Anne West
Volunteer Coordinator

Volunteer program supported by:
VOLUNTEER APPLICATION

The Center for Child Protection
8509 FM 969  Bldg 2
Austin, Texas  78724
Phone (512) 472-1164  Fax (512) 472-1167
www.centerforchildprotection.org

Date: __________________________

Name: ____________________________________________

Address: ____________________________________________  Zip: __________________

Home Phone: __________  Work Phone: __________  Cell Phone: __________

Email: ____________________________________________

Please select areas you are interested in volunteering with:

<table>
<thead>
<tr>
<th>Services to Children &amp; Families</th>
<th>Center Support</th>
<th>Special Events &amp; Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Child Support</td>
<td>☐ Kid’s Closet Support</td>
<td>☐ Golf Tournament</td>
</tr>
<tr>
<td>☐ Medical Support</td>
<td>☐ Administrative Support</td>
<td>☐ Luxury Car Raffle</td>
</tr>
<tr>
<td>☐ Court Orientation</td>
<td>☐ Computer/Web Page Support</td>
<td>☐ PlayBingo Ladies Luncheon</td>
</tr>
<tr>
<td>☐ Parent Education</td>
<td>☐ Data Entry</td>
<td>☐ Dancing With the Stars Austin</td>
</tr>
<tr>
<td>☐ Internship (must complete at least 20 hours a week)</td>
<td>☐ Marketing/Special Events Support</td>
<td>☐ Committee Member</td>
</tr>
<tr>
<td></td>
<td>☐ Building/Yard Maintenance</td>
<td></td>
</tr>
</tbody>
</table>

Please indicate when you are available to volunteer:

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday*</th>
<th>Sunday*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytime</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evening*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Currently there are limited evening and weekend volunteer opportunities

How did you learn about our volunteer program?

☐ Class Presentation  ☐ Volunteer Center  ☐ Internet site: ____________________________
☐ Volunteer Fair     ☐ Flyer            ☐ Friend/Volunteer: ____________________________
☐ Professor         ☐ Newspaper Article ☐ Other: ____________________________

Are you volunteering for class credit? __Yes __No  Name of class/instructor: ____________________________

Are you currently employed?     __Yes __No  Place of employment: ____________________________
Are you currently attending school?  __Yes  __No  
Name of school: __________________________

What languages do you speak fluently?  __ English  __ Spanish  
Other: __________________________

Do you have children?  Names and ages: __________________________
Do you have experience with children? List ages and type of activity: __________________________

Have you worked with these children as a volunteer or as a professional? Explain

Do you have any experience with: (Please explain)

a. Child abuse? __Yes __No __________________________

b. Foster Care? __Yes __No __________________________

c. Child Welfare? __Yes __No __________________________

d. Criminal, Juvenile, or Family Court System? __Yes __No __________________________

e. Other Child Service Agencies? __Yes __No __________________________

f. Diverse Populations? __Yes __No __________________________

Do you have a police record? __Yes __No
If “yes”, please explain________________________

Do you have any current issues related to drugs, alcohol, stress or mental health that may pose a risk for you and/or the children we serve? __Yes __No
If “yes”, please explain________________________

Edited September 30, 2014
Work with children can be active and stressful. Child abuse and child sexual abuse in particular, often causes stress and emotional turmoil for professionals, interns and volunteers. Are there reasons and/or history that may cause volunteering to be particularly stressful or harmful to you?
___Yes ___No     If "yes", please explain

__________________________________________________________________________________________

Do you have any current physical or emotional health conditions that may pose a risk for you or a Center client? ___Yes ___No
If "yes", please explain ________________________________________________________________

__________________________________________________________________________________________

Volunteer experience (Give name of organization and dates involved): ______________________

__________________________________________________________________________________________

Present memberships in clubs or organizations, including any office or responsibility: _______________

__________________________________________________________________________________________

Why do you want to become a volunteer? ________________________________

__________________________________________________________________________________________

What do you feel are your strengths and weaknesses? ________________________________

__________________________________________________________________________________________
EMERGENCY CONTACT INFORMATION

Name of person to contact in the event of an emergency: ______________________________

Relationship to you: ____________________________________________________________

Phone Numbers: (W) __________________________ (C) _____________________________

Physician: ________________________________

Physician’s Phone Number: __________________________

REFERENCES

List two personal references and one professional reference with email addresses and phone numbers (please do not include family members):

1. Name _______________________________ Relationship: __________________________
   Email Address ___________________________ Phone Number ________________________

2. Name _______________________________ Relationship: __________________________
   Email Address ___________________________ Phone Number ________________________

3. Name _______________________________ Relationship: __________________________
   Email Address ___________________________ Phone Number ________________________

I UNDERSTAND THAT THE CENTER FOR CHILD PROTECTION WILL CONTACT MY REFERENCES TO OBTAIN INFORMATION REGARDING MY SUITABILITY TO WORK WITH CHILDREN AND FAMILIES. ALL OF THE INFORMATION ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AGREE TO TAKE ANY REQUIRED ORIENTATION OR TRAINING NECESSARY FOR THE VOLUNTEER POSITION(S) THAT I HIGHLIGHTED ON MY APPLICATION. I UNDERSTAND THAT CRIMINAL HISTORY RECORDS INFORMATION AND A TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES CENTRAL REGISTRY CHECK WILL BE COMPLETED. I UNDERSTAND THAT I WILL BE UNABLE TO VOLUNTEER UNTIL THE CHECK HAS BEEN COMPLETED.

FORMS GRANTING PERMISSION FOR SUCH CHECKS ARE ATTACHED.

Signature: _______________________________ Date: __________________________

Edited September 30, 2014
STUDENT INTERNS
Optional

Name: ____________________________________________  Date: ________________
School Attending: ____________________________________________________________
Current Academic Level: _______________________________________________________
Major: __________________________ Minor: ____________________________
What CCP internship are you applying for:________________________________________
__________________________________________________________________________

Please briefly summarize your future goals and how an internship with the Center for Child Protection would benefit your educational efforts:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please list prior experience:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please list your expectations from an internship position with the Center:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Time Availability: ____________________________________________________________
__________________________________________________________________________

Edited September 30, 2014
The Center for Child Protection will complete records checks with all available resources including, but not limited to, the Austin Police Department, the Department of Public Safety, the Travis County Sheriff’s Department, and the Texas Department of Human Services on all potential volunteers. It is the mission and responsibility of the Center for Child Protection to help victims of child abuse and their families recover from the abuse. Because of the nature of the injuries sustained by the children and families that come to the Center for help, the Center reserves the right to decline any applicant based upon the results of the records check and/or interviews with Center personnel.

The Center does not accept applicants that have investigations, prior charges, convictions or pending charges for felony or misdemeanor acts involving sexual offenses, violence, child abuse/neglect, crimes against persons, or other acts that may pose a risk to children. It is extremely important that you disclose any offense so that we can make good decisions for our clients. Issues and prior citations sometimes appear in your records even though an applicant believes the issues and/or violations to be resolved.

Investigation into background is not limited to convictions.

Omission of all civil or criminal involvement is cause for immediate dismissal from volunteer or academic placements with this agency.

The Center may review all previous, current and subsequent information related to my application and may unconditionally accept or reject my application for service.

Volunteer must contact the Volunteer Coordinator immediately if they become involved in any criminal or civil court proceeding (i.e. custody, arrests, child abuse allegations, etc.) during their placement.

I have read and understand these policies.

Applicant Initials: ________

Staff Initials: ____________

Edited September 30, 2014
Request for Child Abuse/Neglect Central Registry and DPS Criminal History Check

Chief Operating Officer (COO) - Centralized Background Check Unit

Purpose: The purpose of this form is to grant representatives of authorized Volunteer Organizations permission to request, on the behalf of potential and current volunteers, employees, and board members:

- a criminal history check from the Texas Department of Public Safety (DPS) and
- a check from the Texas Department of Family and Protective Services (DFPS) Central Registry of Child Abuse and Neglect.

The authorized volunteer organizations include: Big Brothers and Big Sisters of America, Child Advocacy Centers of Texas, Make-A-Wish Foundation of America and I Have a Dream/Houston. This form is completed by the subject of the background check or a designee.

Directions: The subject of the background check or designee reads and completes Sections 1-5, and submits this form using the instructions below. For questions, call the CBCU Support Line at (800) 645-7549 or email: CACTXBGCREQUEST@dfps.state.tx.us.

A note to Designees: The designee is responsible for ensuring the information provided by the subject in Section 1 is complete and accurate. The information must be verified by viewing official documents provided by the subject of the check, such as a driver’s license or social security card.

Instructions: Complete, sign, and submit this form to:

Email: CACTXBGCREQUEST@dfps.state.tx.us
Fax: 512-339-5871
Mail: CBCU Non-Licensing Unit M/C 121-7
     PO Box 149030, Austin, TX 78714-9030

<table>
<thead>
<tr>
<th>Section 1: Subject of the Background Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>The information in this section must be provided by the subject of the background check before the check is conducted. Missing information may result in delays.</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>Ethnicity</td>
</tr>
<tr>
<td>Driver’s License Number:</td>
</tr>
<tr>
<td>List any other additional addresses or cities in Texas that you have lived in (continue on back as needed)</td>
</tr>
<tr>
<td>If you would like a copy of these results sent to you, please select the appropriate box.</td>
</tr>
<tr>
<td>Email (preferred method):</td>
</tr>
<tr>
<td>Mail (results will be sent to the mailing address listed above)</td>
</tr>
</tbody>
</table>
### Section 2: Signatures

This section of the form must be signed by the subject of the background check and not the designee.

- I am the person listed above in Section 1 of this form. The information in this document is correct and I am a prospective or current volunteer, employee, or board member of the volunteer organization listed in Section 3. I agree to update the volunteer organization of any changes to the information above.
- I grant permission to the volunteer organization listed in Section 3 to request a Child Abuse/Neglect Central Registry and a Texas Department of Public Service Criminal history check as well as any subsequent checks so long as I am active with that agency.
- I authorize DFPS to transmit the results of this background check via e-mail and I acknowledge that DFPS cannot guarantee that information transmitted electronically is secure and accessible only to approved parties.
- I understand that the information I am providing will be part of any request and that providing false information is a violation of Texas Penal Code Section 37.10.
- I acknowledge that my designee can receive my background check results only as described in Section 5.

<table>
<thead>
<tr>
<th>Requestor:</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Signed:</td>
<td></td>
</tr>
</tbody>
</table>

### Section 3: Designee

DFPS: Send the results of the requested checks to the designee below:

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Apt. No. (if applicable)</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Name of the volunteer organization the designee represents:

### Section 4: Note to the Subject of the Background Check

As required by the Texas Family Code 261.002, DFPS maintains a central registry of reported cases of child abuse and neglect. The DFPS Central Registry consists only of information gathered during Child Protective Services (CPS), Child Care Licensing (CCL), and Adult Protective Services (APS) facility investigations of child abuse and neglect in cases that were given a disposition of “reason to believe” for CPS and CCL cases or “confirmed and validated” for APS cases, and the person had a role of designated perpetrator or sustained perpetrator (Please Note: Cases involving adult victims are not included in the DFPS Central Registry).

In addition, you will not clear the Central Registry check if you are involved as an alleged perpetrator in an open child abuse or neglect investigation being conducted by DFPS. A new Central Registry check may be requested at the conclusion of the investigation to determine whether you have been listed as a designated perpetrator on the Central Registry of Child Abuse and Neglect.

As the subject of the request, you have the right to review the results of this check. If Central Registry history is found that identifies you as a person who has been found to have abused or neglected a child, DFPS will only send the results directly to you via mail or e-mail. You have the option to share these findings with the volunteer organization listed above (Section 2).

The criminal history check from DPS will include all Texas-based arrests and dispositions, including both convictions and cases with unknown dispositions. In some cases the search will produce juvenile criminal history results.

Unknown disposition information found may not be the most up-to-date information available. If the results returned from DPS include an unknown disposition, contact the court of jurisdiction and request an official certified copy of the disposition. The official certified copy and an Error Resolution Form should be sent to DPS at P.O. Box 4143, Austin, TX 78765 in order for the person’s criminal history to be updated with DPS.

If you dispute the criminal history returned from DPS you will need to request a personal review by completing the TXIREVIEW FAST Pass and submitting fingerprints to DPS. To schedule a fingerprint appointment you will need to contact MorphoTrust enrollment services at (888) 467-2080. You will need to take the TXIREVIEW FAST Pass with you on the date of your scheduled fingerprint appointment.

### Section 5: Privacy Statement

DFPS values your privacy. For more information, read our privacy policy.
State of Texas  
County of Travis County

KNOWN ALL MEN BY THESE PRESENTS:

That I, the undersigned ____________________________ do hereby authorize a review and disclosure as allowed by law of all records concerning myself to any duly authorized agent of the Center for Child Protection, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for disclosure as allowed by law of the following records: law enforcement agencies; either criminal or civil, in which I presently have, or have had an interest.

I certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I also certify that the Center for Child Protection and its employees are released from any liability whatsoever for requesting, obtaining or evaluating information pursuant to this authorization.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

The Center for Child Protection conducts all job inquires in compliance with the Civil Rights Acts of 1964, as amended, the Rehabilitation Act of 1973, Public Law 93-1122, Section 504, and with the provisions of the Americans with Disabilities Act of 1990, Public Law 101-336 [S.933]. The Center for Child Protection does not discriminate against any employee, applicant for employment, or eligible client based on race, religion, color, sex, national origin, age or handicapped condition.

__________________________________________  ____________________________
Signature of Applicant (including birth name)  Date of Birth

__________________________________________  ____________________________
Address  Social Security Number

__________________________________________  ____________________________
Telephone Number  Driver’s License Number

__________________________________________  ____________________________
Witness  Date

Edited September 30, 2014
CIVIL/CRIMINAL OFFENSE INFORMATION

The Center for Child Protection works in conjunction with law enforcement and state and county agencies involved in the criminal justice system process.

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. a. I have____ have not ____ been charged with a felony or a misdemeanor.
   If your answer is affirmative, give details, including date, place and the type of charges.
   ________________________________

   b. I have____ have not ____ pled to a lesser offense.
   If your answer is affirmative, give details, including date, place and the type of charges.
   ________________________________

3. 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 details, including the type of charges.
   ________________________________

4. I have ____ have not ____ ever been prohibited from serving in capacity as an employee or volunteer with any organization or agency working with children.
   If you answer is affirmative, please give details, including the date, name, address and phone number of organization.
   ________________________________

5. 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 the date, name, and address and phone number of organization.
   ________________________________

I have read this form in its entirety and understand that the information may be verified by the Center for Child Protection and that the inclusion and/or admission of any false information or the omission of any requested information is cause for my immediate dismissal from placement with this agency. I agree to inform the Center for Child Protection if the information changes any time during my participation at the Center for Child Protection.

__________________________       ________________
SIGNATURE OF APPLICANT           DATE
VOLUNTEER STATEMENT

I hereby acknowledge and understand that with the completion of this application, I give my permission for the Center for Child Protection 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 Center for Child Protection has the right to review this applicant’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 Center for Child Protection 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 purposes directly connected with the administration of the Center for Child Protection.

I understand that after successfully completing orientation and training sessions, personal interviews, and volunteer placement, I will commit to serving as a volunteer for a minimum of one year with the Center for Child Protection.

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 APPLICANT ____________________________________________
DATE ________________________

SIGNATURE OF CEO OR DESIGNEE ____________________________________________
DATE ________________________