



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 "Meet our Needs" 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.***
- We require your original signature for our background checks.
- Mail or deliver applications to:
Volunteer Services Manager
Center for Child Protection
8509 FM 969, Building 2
Austin, TX 78724

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

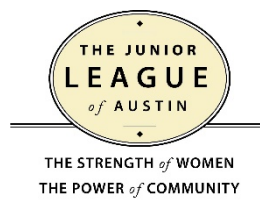
1. Complete volunteer application
2. Process records and criminal background checks
3. Interview with Center Volunteer Services Manager
4. Attend our required CCP Volunteer Training
5. Attend program-specific training, if necessary

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 Services Manager

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:

Services to Children & Families	Center Support	Special Events & Fundraising
<input type="checkbox"/> Child Support	<input type="checkbox"/> Kid's Closet Support	<input type="checkbox"/> Golf Tournament
<input type="checkbox"/> Medical Support	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Luxury Car Raffle
<input type="checkbox"/> Parent Education	<input type="checkbox"/> Computer/Web Page Support	<input type="checkbox"/> PlayBingo Ladies Luncheon
<input type="checkbox"/> Internship <i>(must complete at least 20 hours a week)</i>	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Dancing With the Stars Austin
	<input type="checkbox"/> Marketing/Special Events Support	<input type="checkbox"/> Committee Member
	<input type="checkbox"/> Building/Yard Maintenance	

Please indicate when you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*	Sunday*
Daytime							
Evening*							

**Currently there are limited evening and weekend volunteer opportunities*

How did you learn about our volunteer program?

- | | | |
|---|--|--|
| <input type="checkbox"/> Class Presentation | <input type="checkbox"/> Volunteer Center | <input type="checkbox"/> Internet site: _____ |
| <input type="checkbox"/> Volunteer Fair | <input type="checkbox"/> Flyer | <input type="checkbox"/> Friend/Volunteer: _____ |
| <input type="checkbox"/> Professor | <input type="checkbox"/> Newspaper Article | <input type="checkbox"/> 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: _____

**DISCLOSURE AND AUTHORIZATION FOR BACKGROUND
INVESTIGATION AND RELEASE**

Center for
Child Protection

I hereby authorize Center for Child Protection ("Company Name" or "Company") and/or any entity directed by Company to conduct a reference check and to obtain an investigative consumer report and/or consumer credit report for employment purposes, including, in connection with, my application for employment or continued employment.

An "investigative consumer report" includes any information as to your character, general reputation, personal characteristics or mode of living. A "consumer credit report" includes any information regarding your credit worthiness, credit standing or credit capacity. The specific nature and scope of the investigative consumer report may include inquiries regarding educational background; work history; personal financial status and credit history; workers compensation claims; court records, including criminal conviction records as permitted by law; driving history; verification of Social Security Number; and references obtained from professional and personal associates.

I further understand and agree that an investigative consumer report and/or consumer credit report may be obtained at any time, and any number of times, as the Company in its sole discretion determines it is necessary before, during or after my employment.

I understand that I may request a copy of the investigative consumer report provided to Company. I acknowledge receipt of the attached summary of rights regarding an investigative consumer reporting agency's obligations pursuant to the Fair Credit Reporting Act.

I hereby authorize all previous employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to Company or other entity that obtains information for Company. I further fully release Company, its employees, officers, directors, agents, successors and assigns, and all other parties involved in this background investigation, including, but not limited to, investigators, credit agencies and those companies or individuals who provide information to Company concerning me from any claims or actions for liability whatsoever related to the process or results of the background investigation.

I understand that an offer of employment is contingent upon the outcome of my background check, and that this Disclosure and Authorization is not an offer for employment by Company or a contract for employment with Company. I further understand Company operates under an AT-WILL EMPLOYMENT POLICY and this Authorization does not alter or affect that policy in any manner whatsoever.

PRINT APPLICANT'S NAME: _____

DATE: _____ SIGNATURE: _____

Required Information

Name: _____

Street: _____

City/State/Zip: _____

County / Parish: _____

Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Drivers License Number: _____

State Licensed: _____

Name on Social Security Card (exactly as is on Social Security Card):

FOR APPLICANT OR EMPLOYEE

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

- a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
 - b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
 - c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
 - d. Federal Credit Unions
3. Air carriers
 4. Creditors Subject to Surface Transportation Board
 5. Creditors Subject to Packers and Stockyards Act, 1921
 6. Small Business Investment Companies
 7. Brokers and Dealers
 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations
 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

- a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552
 - b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
 - a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
 - b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
 - c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
 - d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
- Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE
Washington, DC 20590 Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423
- Nearest Packers and Stockyards Administration area supervisor
Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
- Securities and Exchange Commission 100 F St NE Washington, DC 20549 Farm Credit Administration
1501 Farm Credit Drive McLean, VA 22102-5090 FTC Regional Office for region in which the creditor operates or Federal Trade Commission:
Consumer Response Center – FCRA

Washington, DC 20580 (877) 382-4357

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 _____

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 PROTECTIIVE 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: _____

STUDENT INTERNS

Optional

Name: _____

Date: _____

School Attending: _____

Current Academic Level: _____

Major: _____ Minor: _____

What CCP internship and semester 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: _____

CENTER FOR CHILD PROTECTION BACKGROUND CHECKS

- 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: _____



**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

Section 1: Subject of the Background Check					
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.					
First Name	Middle Name	Last Name			
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
Address	Apt. No.	City	County	State	Zip Code
Telephone Number	Date of Birth	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number		
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native				
Driver's License Number:			State of Issuance:		
List any other additional addresses or cities in Texas that you have lived in (continue on back as needed)					
If you would like a copy of these results sent to you, please select the appropriate box.					
<input type="checkbox"/> Email (preferred method): _____					
<input type="checkbox"/> Mail (results will be sent to the mailing address listed above)					

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.

Requestor: X	Date Signed:
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Section 3: Designee

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

Full Name BARBARA YZNAGA		Email Address byznaga@centerforchildprotection.org			
Address 8509 FM 969	Apt. No. (if applicable) BLDG. 2	City AUSTIN	County TRAVIS	State TX	Zip Code 78724

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

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 your 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 _____