



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 *Get Involved* 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 abuse. Here are a few important tips on filling out 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.**
- Once complete, please email your application to mnavarro@centerforchildprotection.org.
- You may also mail or deliver applications to:

Volunteer Coordinator
Center for Child Protection
8509 FM 969, Bldg 2
Austin, Texas 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 Coordinator
4. Attend our required Center for Child Protection Volunteer Training
5. Attend program-specific training, if necessary

Once we receive your background checks, 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 512.600.2426 or by email at mnavarro@centerforchildprotection.org.

Again, thank you for your support. We hope to see you around the Center soon!

Michael Navarro
Volunteer Coordinator

Volunteer program supported by:



VOLUNTEER APPLICATION

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"/> Grants/Human Resources	<input type="checkbox"/> PlayBingo Ladies Luncheon
<input type="checkbox"/> Internship	<input type="checkbox"/> Marketing/Event Support	<input type="checkbox"/> Dancing with the Stars Austin

Please indicate when you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*	Sunday*
Daytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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: _____

Do you have experience with children? List ages and types of activities: _____

Have you worked with these children as a volunteer or as a professional? Please explain: _____

Do you have any experience with: (Please explain)

Child abuse? Yes No _____

Foster Care? Yes No _____

Child Welfare? Yes No _____

Criminal, Juvenile, or Family Court System? Yes No _____

Other Child Service Agencies? Yes No _____

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 opportunities for growth? _____

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: _____ Phone: _____

2. Name: _____ Relationship: _____

Email: _____ Phone: _____

3. Name: _____ Relationship: _____

Email: _____ Phone: _____

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

(If applicable)

Name: _____ Date: _____

School Attending: _____

Current Academic Level/Expected Graduation Date: _____

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, Travis County Sheriff's Department, and the Texas Health and Human Services on all potential staff and volunteers. Background checks utilize state and nationwide records, reviewing criminal, sex offender, and child abuse history. 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 checks 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 you may believe 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 employment, volunteer, or academic placement 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 services.
- The Center does re-screening of background checks every three years.
- 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.
- Employee must contact their Supervisor 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.

Signature: _____ 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.

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.

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.

I have have not pled to a lesser offense.

If your answer is affirmative, give details, including date, place, and the type of charges.

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.

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 the organization.

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, address, and phone number of the 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: _____ Date: _____

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



REQUEST FOR CENTRAL REGISTRY AND CRIMINAL HISTORY BACKGROUND CHECKS

Purpose: Representatives of Big Brothers and Big Sisters of America and Children’s Advocacy Centers of Texas use this form to request the following background checks for potential and current volunteers, employees, and board members:

- A criminal history background check from the Texas Department of Public Safety (DPS).
- A child abuse and neglect Central Registry background check from the Texas Department of Family and Protective Services (DFPS).

Directions: The subject of the background check completes the following sections:

- *Section 1 and 2: Personal Information*
- *Section 3: Previous Places of Residence*
- *Section 7: Signature*

The designee must do the following:

- Make sure the subject of the background check provided complete and accurate information in Sections 1 and 2 and signed and dated Section 7. The designee verifies the information by viewing official documents provided by the subject of the check, such as a driver’s license or Social Security card.
- Complete *Section 4: Designee*.
- Enter the background check for the subject of the request in the Automated Background Check System (ABCS) for the associated account.

For additional questions, contact Background Checks at the following:

Email: CACTXBGCREQUEST@dfps.state.tx.us

Mail: DFPS Background Checks M/C 121-7; PO BOX 149030, Austin, TX 78714-9030

Fax: 512-339-5831

SECTION 1: NAME		
First Name:	Middle Name: <input type="checkbox"/> No Middle Name	Last Name:
Have you ever used any other first, middle, or last names (such as a nickname, a married or maiden name, or a different spelling for your name)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered Yes above, you must list every other name you have used.		
OTHER FIRST NAMES	OTHER MIDDLE NAMES	OTHER LAST NAMES



SECTION 2: OTHER PERSONAL INFORMATION

Home Street Address:		City:	State:	Zip Code:
County of Residence:		Date of Birth:		Phone Number:
Social Security Number (if no SSN, provide alternate document name and ID number)		Driver's License Number and State:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander		

SECTION 3: PREVIOUS PLACES OF RESIDENCE

Have you lived outside the state of Texas in the past two years?
 Yes No

If you answered Yes above, list each place you lived outside of Texas within at least the past two years. Provide the complete address and the dates you lived there (continue on the back as needed).

FULL ADDRESS (I INCLUDE CITY, STATE, AND ZIP CODE)	DATES (MM/ YYYY – MM/ YYYY)

SECTION 4: DESIGNEE

Full Name: Michael Navarro	Email Address: mnavarro@centerforchildprotection.org
Name of the Organization the Designee Represents: Center for Child Protection	



SECTION 5: NOTE TO THE SUBJECT OF THE BACKGROUND CHECK

A person is listed in the DFPS Central Registry when all the following occur:

- The person has been investigated for child abuse or neglect by Child Protective Services (CPS), Child Care Investigations (CCI), or HHSC Provider Investigations.
- The investigation resulted in a disposition of *Reason to Believe* for CPS and CCI cases or *Confirmed and Validated* for HHSC Provider Investigations cases.
- The person is listed as a designated perpetrator or sustained perpetrator.

Cases involving adult victims are not included in the DFPS Central Registry.

In addition, a person will not clear the Central Registry check if that person is 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 end of the investigation to determine whether the person has been listed as a designated perpetrator on the DFPS Central Registry.

As the subject of this background check request, you have the right to review the results of this check. If the Central Registry identifies you as a person who has been found to have abused or neglected a child, DFPS only sends the results directly to you by mail or email. You have the option to share these findings with the organization listed above (see Section 4).

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

Information about unknown dispositions may not be current. If the results returned from DPS include an unknown disposition or to dispute the criminal history record, visit the [DPS Criminal History Error Resolution](#) webpage for more information on how to update the criminal history record.

SECTION 6: PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).

SECTION 7: SIGNATURE

Only the subject of the background check can sign this form.

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 organization listed in Section 4.

I agree to update the organization of any changes to the information above.

I give permission to the organization listed in Section 4 to request a Central Registry child abuse and neglect background check and a DPS criminal history background check, as well as any subsequent checks so long as I am active with that organization.

I authorize DFPS to send the results of this background check via email, and I acknowledge that DFPS cannot guarantee that information sent 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.

By law, any information obtained through DFPS is confidential information and is personal in nature. I understand that I may have access to or may view confidential and sensitive information. I will not disclose confidential information to other people and under no circumstances will I intentionally access confidential information for any purpose other than in the performance of my assigned job duties.

Signature: X	Date Signed:
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Please note the following information is for educational purposes only and does not constitute legal advice. Please consult with counsel prior to using this form as part of your screening process.

AUTHORIZATION

I have carefully read and understand the FCRA Candidate Disclosure for the Procurement of Consumer Reports form, and if applicable, the California Candidate Disclosure for the Procurement of Investigative Consumer Reports form. I have also read and understand the attached Summary of Rights under the Fair Credit Reporting Act and State Law Disclosures. By my signature below, I authorize Center for Child Protection (“the Company”) to share the contents of this consumer report or investigative consumer report with its partners and clients in an effort to place me into an employment/independent contractor/volunteer relationship with those partners. The Company will only share the background report as necessary, and as authorized, in order to assign me to a client, partner company, or organization. I understand that if the Company hires or engages me, my consent will apply, and the Company may obtain reports throughout my employment/contract/tenure where state law allows. I also understand that the information contained in my job application or otherwise disclosed by me before or during my employment/contract/tenure, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

If applicant is younger than 18 years old, a Legal Guardian must provide his/her own email address and signature in the fields below.

- I authorize GoodHire and its agents to contact my current employer if necessary, to verify my current employment status after the following date: _____

Applicant Name	
Legal Guardian Name (if applicant is under 18)	Applicant/Legal Guardian Email
Applicant/Legal Guardian Signature	Date

- Check this box to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report from GoodHire electronically. For a paper copy, contact GoodHire at 1-888-906-7351 or support@goodhire.com

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 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: _____