



Johnson County Children's Advocacy Center Application for Volunteer Service

Date of Application: _____

Name: _____

D.O.B: _____

Address: _____

City: _____

Zip: _____

Home: _____

Work: _____

Cell: _____

E-Mail: _____

Areas of interest

Type of Volunteer: General Therapy Dog Volunteer

Working with Children & Families:

Family Greeting Child care Youth Program Parenting Classes

Center Support:

Building Maintenance (Yard Work/Deep Cleaning) Administrative Team Support

Fund Raising Activities

Therapy Dog Volunteer:

Volunteering to Support Children and Family at Center

Volunteering to visit MDT Members

Volunteer Availability

VOLUNTEER HOURS: Approximately how much time can you contribute weekly as a Volunteer?

1-5 5-10 10-20 20+

Best Day and Time to Contribute Volunteer Work?

Monday Time: _____

Tuesday Time: _____

Wednesday Time: _____

Thursday Time: _____

Friday Time: _____

Available on Weekends? Yes No

Saturday Time: _____

Sunday Time: _____

Volunteer General Information

Are you 18 years old or older? Yes No

Which language(s) do you speak fluently? English Spanish Other: _____

Do you have children? Yes No (Ages): _____

Do you have experience working with children? Yes No

Have you worked with children in a volunteer role? Yes No

Age group you are most comfortable working with: 0-4 4-8 8-10 10+ Any Age

Have you worked with children who had agency involvement concerning the protection and welfare of

children? Yes No Role: _____ Location: _____

Have you ever worked with law enforcement agencies dealing in criminal investigation of child abuse

cases? Yes No Role: _____ Location: _____

Education Information

Are you currently attending school? Yes No

Name of school: _____

Highest completed educational experience:

High School: 9 10 11 12

College: 1 2 3 4 Degree: _____

Are you volunteering for class credit? Yes No

Name of class: _____ Instructor: _____

Instructor Email: _____ Instructor Phone: _____

Employer Information

Are you currently employed? Yes No Place of employment: _____

Volunteer Experience

Experience 1: Organization _____

Date of Involvement: _____

Experience 2: Organization _____

Date of Involvement: _____

Experience 3: Organization _____

Date of Involvement: _____

Experience 4: Organization _____

Date of Involvement: _____

Volunteer Self-Reflection

How did you find out about JCCAC and the volunteer opportunity? _____

What would you like to gain from you experience volunteering? _____

Please List your Personal Strengths and Weaknesses

Strength 1: _____

Strength 2: _____

Weakness 1: _____

Weakness 2: _____

Reference and Emergency Contact Information

PERSONAL REFERENCES: Please list three references (At least one personal, non-related and one professional).

Reference 1

Name: _____ Relationship: _____

Address: _____ Phone: _____

Reference 2

Name: _____ Relationship: _____

Address: _____ Phone: _____

Reference 3

Name: _____ Relationship: _____

Address: _____ Phone: _____

EMERGENCY CONTACT (Name of person(s) to contact in an emergency)

Are you on any medication? Yes No

Do you have any Allergies or a medical condition that may require emergency care? Yes No

Contact 1: _____ Relation: _____

Home: _____ Work: _____ Cell: _____

Contact 2: _____ Relation: _____

Home: _____ Work: _____ Cell: _____

Physician: _____ Contact Number: _____

PLEDGE OF CONFIDENTIALITY

I promise that I shall hold in confidence all pertinent information relating to cases, employee records and CAC program procedures. I will not violate the confidential relationships between the CAC, related agencies, courts, volunteers, and any and all parties of any case. I will not remove any written records from the office of the CAC without the expressed permission of the Executive Director.

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 _____ Date _____

Witness _____ Date _____

CHILDREN'S ADVOCACY CENTER VOLUNTEERS

The Children's Advocacy Center serving Johnson County works in conjunction with law enforcement, state and county agencies involved in the legal process. Therefore, it is required that all applicants complete this "Felony Conviction Information" form.

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

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

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

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

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

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

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 the date, name of organization and address. _____

5. Do you currently have any involvement with any case/family involved with the Children's Advocacy Center, which would pose a conflict of interest?

____ Yes ____ NO

If you answered yes, in order to protect the integrity of the cases coming through the center, we will have to decline your application until there is no conflict in place. It is the responsibility of the Children's Advocacy Center to handle each child's case with

a level of high professionalism, compassion and confidentiality. We value our volunteers, and have no desire to place them in a situation of potential conflict that could result in a negative outcome for anyone.

I have read this form in its entirety, and understand that the information may be verified by the Children's Advocacy Center and that the inclusion of any false information or the omission of any requested information is cause for my immediate dismissal from volunteer placement at the Children's Advocacy Center.

I agree to inform the Children's Advocacy Center if this information changes any time during my participation at the Center.

Signature of Volunteer

Date