

**CHILDREN'S ADVOCACY CENTER
of Laredo Webb – County
Volunteer Application**

Thank you for your interest in volunteering with the Children's Advocacy Center of Laredo-Webb County. We look forward to working with you! *Please allow 2-4 weeks to process your application and background check.*

Name: _____ **Date:** _____

Address: _____ **Zip:** _____

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

Cell Phone: _____

Email: _____

Circle the day(s) and time(s) you are available to volunteer:

Mon Tues Wed Thurs Fri

Morning:

Afternoon:

How did you learn about our volunteer program?

Presentation Event Flyer Facebook Friend/Volunteer

Other (please describe): _____

Are you currently attending school? Yes No

Name of school: _____

Are you volunteering for class credit? Yes No

Name of class/instructor: _____

Are you currently employed? Yes No

Place of employment: _____

Which languages do you speak fluently?

English Spanish Sign Language

Other: _____

Do you have access to an automobile you can use for volunteer work?

Yes No Occasionally

Automobile Liability Insurance Carrier: _____

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 with the Children's Advocacy Center?

What would you like to gain from your volunteer experience?

Please list any other relevant experience that you would like to share:

REFERENCES

List three references (two character references and one employer) with addresses, phone numbers and e-mail.

Please do not include family members.

1. Name: _____ Relationship: _____

Address: _____ Phone #: _____

E-mail: _____

2. Name: _____ Relationship: _____

Address: _____ Phone #: _____

E-mail: _____

3. Name: _____ Relationship: _____

Address: _____ Phone #: _____

E-mail: _____

I understand that the Children's Advocacy Center of Laredo-Webb County 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 have highlighted on this application. I understand that criminal history records information and a Texas Department of Family and Protective Services Central Registry Check will be completed.

I further understand 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.

FORMS GRANTING PERMISSION FOR SUCH CHECKS ARE ATTACHED.

Volunteer Signature: _____ Date: _____

FELONY CONVICTION INFORMATION

The Children's Advocacy Center works in conjunction with law enforcement and state and county agencies involved in the criminal justice system process, and conducts an annual record check to ensure that volunteers and/or staff members have not been convicted of an offense that would be potentially detrimental to the Center's programs. The Center program does not accept applicants if they have been convicted, have prior charges, or have charges pending for a felony or misdemeanor involving a sex offense, violent act, child abuse or neglect, or related acts that would pose risks to children or to the Center's ability to provide service.

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

If your answer is affirmative, provide the 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, provide details, including the type of charges.

3. 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, provide the date, name, and address and phone number of the organization.

4. I have ___ have not ___ ever been reassigned, removed or asked to leave any position involving contact with children.

If your answer is affirmative, provide the date, name, and 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 Children's Advocacy Center 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 Children's Advocacy Center if the information changes any time during my participation at the Center.

Volunteer Signature

Date

VOLUNTEER CODE OF ETHICS

1. Volunteers providing client services shall maintain the client's interest as their primary responsibility and will maintain high personal and professional standards.
2. Volunteers will portray a positive role model by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact, and maturity.
3. Volunteers should respect the privacy of clients and maintain confidentiality at all times regarding information obtained while providing services. Volunteers will not reveal the name or other identifying information about any client or a case to the outside public.
4. Client confidentiality must be maintained throughout the workplace. Client information will not be discussed in the front office or the hallway of any general living area.
5. Volunteers may not discriminate against clients or co-workers on the basis of sex, race, age, creed, color, national origin, religion, marital status, disability, sexual orientation, political affiliation or source of income.
6. Volunteers may not accept gifts of any kind from clients.
7. Volunteers shall avoid dual relationships with clients. Volunteers shall not conduct any relationship with the client other than that assigned by CAC or violate position of trust in any manner, which might be determined by the client.
8. Volunteer will distinguish clearly in public statements one's personal views from positions adopted by CAC.
9. Volunteer will report to appropriate agency authority any conflict of interest that may prevent him/her from providing competent services to a client, or be impartial in the treatment of any client.
10. Volunteer shall not use tobacco, drugs, alcohol or profanity while volunteering for CAC. The use of physical abuse, verbal abuse, sexual abuse, and/or mental abuse is strongly prohibited and will be cause for immediate dismissal.
11. Texas State Law requires that all citizens report any suspected abuse or neglect of a child to the Texas Department of Protective and Regulatory Services and law enforcement agency.
1-800-252-5400
12. Volunteers recognize their boundaries of competence and provide only those services, and use only those techniques, for which they are qualified by training experiences.
I understand that any violation of this code may be grounds for removal as a volunteer from the CAC.

Volunteer Signature

Date

RELEASE OF LIABILITY

By signing this acknowledgement and release, I acknowledge that I am volunteering my services at the Children's Advocacy Center of Laredo - Webb County. I acknowledge that my participation is completely voluntary and is being undertaken without promise or expectation of compensation. I am aware that, in participating in any Children's Advocacy Center of Laredo – Webb County project that I may be exposed to personal injury or damage to my property as a result of my activities, the activities of other persons or the conditions under which my volunteer services are performed. With full knowledge and understanding, I accept any and all risks of damage, injury, illness, or death and I release and discharge Children's Advocacy Center of Laredo – Webb County, its officers, directors, and employees, from any claims for damages or injury and all liability arising out of my participation as a volunteer. I have carefully read this acknowledgement and release and fully understand its contents. I am aware that this is a release of liability and I freely and voluntarily accept the terms. **I certify that I am at least eighteen (18) years of age.** I further state that I am in proper condition for participating in this event. I agree to abide by the rules established by Children's Advocacy Center of Laredo – Webb County and health and safety requirements.

Print Name: _____ Agency: _____

Signature: _____ Date: _____

CAC Witness: _____ Date: _____

Confidentiality Agreement

I promise that I shall hold in confidence all information about individuals involved or associated with the Children's Advocacy Center of Laredo-Webb County. I will not violate the confidential relationship between CAC staff, clients, victims, volunteers and interagency team members.

I will not remove from the Children's Advocacy Center of Laredo-Webb County office any written records or repeat information found in written records.

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.

Print Name: _____

Agency: _____

Signature: _____

Date: _____

CAC Witness: _____

Date: _____