



Children's Advocacy Center of the Coastal Bend

Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____

Work Phone: () _____ - _____

Cell Phone: () _____ - _____

Date of Birth (MM/DD/YY): _____ / _____ / _____

Preferred Method of Contact:
(Circle One)

Home Work Cell Email

Email: _____

Employment History

If you are a student, please list college you are currently attending

Are you currently in school? Yes No Grade Level: _____

Current Employer/School: _____

Title: _____ # of years/months: _____

Prior Employer/School: _____

Title: _____ # of years/months: _____

List any applicable coursework/experience: _____

Why are you interested in becoming a volunteer at the CAC?

Please Provide at least Three references [i.e. past organization affiliations, employer, personal(1)]

Name: _____
Telephone: _____ Relationship: _____
How long have you known this person: _____ Employer: _____

Name: _____
Telephone: _____ Relationship: _____
How long have you known this person: _____ Employer: _____

Name: _____
Telephone: _____ Relationship: _____
How long have you known this person: _____ Employer: _____

Name: _____
Telephone: _____ Relationship: _____
How long have you known this person: _____ Employer: _____

DRUG-FREE WORK PLACE POLICY ACKNOWLEDGMENT

By my signature below, I certify that I have reviewed the Drug-Free Work Place policy of the Children's Advocacy Center of the Coastal Bend. I understand the terms and conditions of the policy and have been provided with the clarification of any terms and conditions that I did not understand.

In addition, I understand that a violation of the Drug-Free Work Place policy will lead to dismissal from my volunteer placement.

I also understand that the Drug-Free Work Place policy may be amended or changed by the Advocacy Center at any time as is deemed necessary or appropriate. Changes will be made at the sole discretion of the Advocacy Center and I will be notified promptly of any such changes.

Volunteer Signature

Date Signed

THE CHILDREN'S ADVOCACY CENTER OF THE COASTAL BEND
VOLUNTEER PLEDGE OF CONFIDENTIALITY

Some of the work you may do if you become a volunteer with The Children's Advocacy Center of the Coastal Bend will give you access to personal information about children and their families who may be clients, volunteers, or employees of the Center.

Any information observed in connection with volunteering at The Children's Advocacy Center of the Coastal Bend is considered **strictly confidential**. Confidential information includes information about the client's identity, his/her seeking services of the Center, what transpired at any meeting with the client, and/or any information disclosed to you in your volunteer capacity at The Children's Advocacy Center.

VOLUNTEER PLEDGE OF CONFIDENTIALITY

I promise that I will hold in confidence all information relating to the individual cases and clients at The Children's Advocacy Center of the Coastal Bend.

I will not violate the confidential relationship between The Children's Advocacy Center of the Coastal Bend, its volunteers, participating and related agencies, courts, and any and all parties interviewed or present at the Advocacy Center.

I will not use any information that I have learned from the Advocacy Center to attempt to influence the participants in any case being served by the Advocacy Center, whether I am acting as a representative of the Advocacy Center or as a private citizen.

I will not remove any written or taped information or records from the offices of The Children's Advocacy Center of the Coastal Bend without the expressed permission of the Executive Director or designated professional staff.

I agree to return all information that I have gathered, together with any printed material or notations relevant to any and all cases and/or clients to which I have been assigned, at the request of the Executive Director or any designated member of the professional staff.

I understand that any violation of confidentiality is grounds for immediate dismissal from my volunteer assignment.

I will not, even after my time as a volunteer at the center, violate this pledge of confidentiality regarding information I was privy to as a volunteer.

I accept full responsibility for maintaining the confidential and private nature of all records and information.
I understand that I am personally responsible for any violation of this agreement.

Signature of Volunteer

Date



REQUEST FOR CHILD ABUSE/NEGLECT CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK

DFPS 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: 512-339-5831

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)					
Current 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 -----Mindy Jimenez		Email Address -----mindy651@gmail.com			
Address -----502 McClendon Street	Apt. No. (if applicable)	City -----Corpus Christi	County -----Nueces	State -----Texas	Zip Code -----78404

Name of the volunteer organization the designee represents: Children's Advocacy Center of the Coastal Bend

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.