

**H.T.C.C.A.C.-KALIN'S Center**

**VOLUNTEER APPLICATION**

(Please print or type the following information)

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

If less than three year at this address, please write prior address.

\_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (needed for back ground criminal history check)

How did you learn about the center? \_\_\_\_\_

**EDUCATION**

(Circle the highest completed)

High school 9 10 11 12

College 1 2 3 4 Degree \_\_\_\_\_

Graduate School 1 2 3 4 Degree \_\_\_\_\_

Current School \_\_\_\_\_ Course \_\_\_\_\_

Education beyond high school, describe major areas of interest, special training, or certification \_\_\_\_\_

**LANGUAGE**

Are you fluent in a foreign language? Yes No

If yes, which language(s)? \_\_\_\_\_

## VOLUNTEER EXPERIENCE

Please list any previous volunteer experience, particularly any working with children and families.

Number of years	Agency/Organization	Responsibilities

Approximately, how much time can you contribute to the center?

\_\_\_\_\_ Hours per week \_\_\_\_\_ Hours per month or \_\_\_\_\_ Days per month

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Morning						
Afternoon						
Evening						

I am interested in the following volunteer position(s):

Family Greeter \_\_\_\_\_ Clerical Support \_\_\_\_\_ Special Events/Fundraisers \_\_\_\_\_

Program Assistant \_\_\_\_\_ Family Support \_\_\_\_\_ Position on Board \_\_\_\_\_

Community/School Health Fairs \_\_\_\_\_

### REFERENCES

Please list two (2) references with daytime telephone numbers. Provide one personal and one professional reference.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  

Street
City
State
Zip

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  

Street
City
State
Zip

Relationship \_\_\_\_\_

It **is mandatory** for references to be contacted by the Executive Director before you will be placed as a volunteer for the center. In addition, written references **will** be requested from those individuals listed above.

### FURTHER INFORMATION

If you have a personal experience involving any of the following, please describe:

Child Welfare

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Juvenile Court

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Foster Care

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Other agencies offering services to children

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Write a brief statement concerning why you have chosen to volunteer at a community child abuse agency at this particular time in your life.

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Please list strengths that you will bring to the volunteer program.

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What are your primary concerns about becoming a Child Advocacy Center volunteer?

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Is there anything else about your personal history that you would like to share? If so, please feel free to write here, or share verbally at your interview.

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## VOLUNTEER STATEMENT

I hereby acknowledge and understand that, with the completion of this application, I give my permission to H.T.C.C.A.C.-KALIN'S CENTER, and its authorized agents, to access information with regard to criminal history, DFPS background check, employment history, and other information that may be appropriate to my qualifications to serve in the H.T.C.C.A.C.-KALIN'S CENTER volunteer program.

I further understand that the H.T.C.C.A.C.-KALIN'S CENTER has the right to the following actions: review this application and all subsequent information, unconditionally accept or reject my application, and terminate my volunteer placement at any time. I also understand that I will return any and all properties issued to me by the H.T.C.C.A.C.-KALIN'S CENTER during the course of my volunteer service with the H.T.C.C.A.C.-KALIN'S CENTER.

I agree that upon placement, I will perform my volunteer duties without compensation, and that in doing so; I am not acting as an employee or official representative of H.T.C.C.A.C.-KALIN'S CENTER.

I understand and agree to abide by the regulations and policies of the H.T.C.C.A.C.-KALIN'S CENTER that specify that the disclosure of the contents of any communications, records, or files is strictly prohibited, except for purposed directly connected with the administration of the H.T.C.C.A.C.-KALIN'S CENTER, for the protection of all served.

If unforeseen circumstances should prevent me from fulfilling my obligation, I will submit my written resignation to the Community Liaison with as much advance notice as circumstances permit.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Community Liaison \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEGE OF CONFIDENTIALITY**

Any information observed in connection with volunteering at the H.T.C.C.A.C.-KALIN'S CENTER is considered confidential. Confidential information includes the following: Information about the client's identity or that of his/her family, his/her seeking services at the H.T.C.C.A.C.-KALIN'S CENTER or other location, what transpired at any meeting with the client or his/her family, any information gathered while working with the client or his/her family, and any personal information disclosed to you in your capacity as a volunteer for the H.T.C.C.A.C.-KALIN'S CENTER.

I promise that I shall hold in confidence all pertinent information relating to the individual cases and clients to which I am assigned. I will not violate the confidential relationships between the H.T.C.C.A.C.-KALIN'S CENTER and its volunteers, participating and related agencies, courts and any and all parties interviewed or present at the center. I will not remove any written, typed, copies, emailed, or faxed documents/records/notes/files from the office of the H.T.C.C.A.C.-KALIN'S CENTER 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 matter 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 designated professional staff at the close of a case, or if my services to the H.T.C.C.A.C.-KALIN'S CENTER terminates.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## FELONY CONVICTION INFORMATION

The H.T.C.A.C.-KALIN'S CENTER works in conjunction with law enforcement and state and county agencies involved in the legal process. Therefore, it is required that all volunteer applicants complete this form.

1. I have \_\_\_\_\_ have not \_\_\_\_\_ been convicted of a felony or a misdemeanor.  
If your answer is in the affirmative, please provide the following details: the 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.  
If your answer is in the affirmative, please provide the following details: the date, place, nature of conviction, and disposition.
  
3. I have \_\_\_\_\_ have not \_\_\_\_\_ ever been prohibited from serving in any capacity as an employee or volunteer with any agency or company.  
If your answer is in the affirmative, please provide the following details: the date, place, nature of conviction, and disposition.
  
4. I have \_\_\_\_\_ have not \_\_\_\_\_ ever been reassigned, removed, or asked to leave any position involving contact with children.  
If your answer is in the affirmative, please provide the following details: the date, place, nature of conviction, and disposition.

I have read this form in its entirety and understand that the H.T.C.A.C.-KALIN'S CENTER will verify the information, and that the admission of any false information or the omission of any requested information is cause for the immediate dismissal from volunteer placement. I agree to inform the H.T.C.A.C.-KALIN'S CENTER if any of the above information changes during my service as a volunteer.

***A Criminal History Check and DFPS Check are mandatory and part of our application process. This process must be completed before any volunteer is allowed to participate in the forensic interview process of the child victims or volunteer services at the children's advocacy center located in Crockett, Texas.***

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VOLUNTEER AND AGENCY AGREEMENT

As an H.T.C.C.A.C.-KALIN'S CENTER volunteer, I agree to do the following:

1. I will respect and observe the rights of children and families at all times.
2. I will keep confidential all matters that are confidential.
3. I will interact with children, families, and staff in a courteous manner.
4. I will be responsible for understanding the policies and guidelines of the agency as outlined in the volunteer manual.
5. I will be responsible for understanding my position description.
6. I will accept training and supervision by the center's staff.
7. I will work for the center and without monetary compensation.
8. I will notify the community Liaison, or appropriate staff member, about any problems, suggestions, or concerns that I may have regarding my volunteer position.

H.T.C.C.A.C.-KALIN'S CENTER agrees to provide the following to all volunteers:

- A description of the duties assigned to the volunteer
- Orientation to the center and staff
- Guidance, support, and supervision
- Accurate records of volunteer hours and service
- Feedback regarding position performance

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Executive Director \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this application to the H.T.C.C.A.C.-KALIN'S CENTER, 1200 East Houston Ave  
Crockett, Texas 75835; or mail to: P.O. BOX 901 Crockett, Texas 75835