

Volunteer Application

Thank you for your interest in the Children's Advocacy Center of Paris Volunteer Program. Our volunteers are a vital part of the success of our mission to promote hope, healing, and justice for victims of crime in Lamar and Red River Counties.

What is the Children's Advocacy Center of Paris

CAC Paris offers a safe child friendly environment to children between the ages of 2-17 who allegedly have been sexually or severely physically abused or have been a witness to a violent crime. The children who come to the CAC Paris are allowed to tell their experiences in a non-leading way to a trained forensic interviewer rather than having to repeat it multiple times to multiple agencies involved in the investigation and prosecution, therefore reducing the trauma to the child. Currently, we are able to offer these services free of charge, thanks to grant assistance, financial assistance from area businesses, gifts-in-kind, donations, community support, and the CAC board members, and volunteers. CAC Paris covers Lamar and Red River Counties.

Volunteer Requirements:

- Must be at least 18 years old.
- Complete and clear application, sex offender registry and background check.
- Make a minimum commitment of 6 months.
- Upon clearance, be available for a Center tour, training, and meeting with staff.

Application requirements:

- Please print clearly, answer all questions, and complete all pages, as incomplete applications may not be reviewed. Be sure to sign Section 7 on the Background Check form.
- Applications must be mailed or delivered to: Children's Advocacy Center Paris Mail: PO Box 536 Deliver: 711 Pine Bluff, Paris, TX, 75460
- Your application and clearance will be reviewed and processed. This may take 2 weeks to a month, when you are cleared, we will contact you for a meeting with staff member(s) according to your interests.

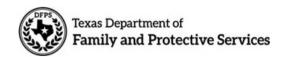
Volunteer Application

Date:	
Please print legibly.	
Name:	
Address:	
City State Zip	
Home/ Cell Phone: Work/ Cell	Phone:
E-mail Address:	
Best way to contact: email text phone call	
Emergency Contact:	
Name	
Relationship:	
Phone # (s):	
Areas of interests:	
Requesting Donations from Businesses	Maintain Facility
Clerical Duties	Light Cleaning
Transportation Needs- pick up donations	Events/ Fund Raising
Rainbow room-clothing, shoes, hygiene items are provided to children in emergency placement	
Please list your gifts/ talents: (what is it that you truly	love to do)
Please list strengths and skills: (ex. Computer skills, gr speaking, etc)	ant writing, special education, public

Are you able to commit to the CAC Paris Volunteer Program for at least 6 months? Yes No
When are you available to volunteer?
Languages other than English spoken:
How did you learn about our volunteer program?
Are you willing to track and turn in your volunteer hours monthly? Yes No
Are you currently employed?YesNo
Place of employment:
Are you currently attending school? YesNo
Name of school:
Are you volunteering for class credit?YesNo
If yes, name of class and instructor/sponsor
Which language(s) do you speak/write fluently? English Spanish
Other
What experience would you like to gain from volunteering/ interning at CAC Paris?
Do you have any experience with: (Please explain) a. Child abuse?YesNo
b. Foster Care?YesNo
c. Child Welfare?YesNo
d. Criminal, Juvenile, or Family Court System?YesNo

e. Other Child Service Agencies?YesNo
f. Diverse Populations?YesNo
g. Blind or hearing-impaired persons? Yes No In what capacity?
h. Persons with a handicap? Yes No In what capacity
Do you have a police record?YesNo If "yes", please explain
Do you have any current/past issues related to drugs, alcohol, stress or mental health?YesNo If "yes", please explain

REFERENCES:				
RELEASE TO CONTACT REFE				
I,, hereby authorize the Children's Advocacy Center Paris (CACParis) to contact personal references listed on this form and understand that CAC				
Volunteer Signature	Date			
Please provide the NAME an	d EMAIL address of at least three personal/business/work			
references that are NOT rela				
Character references:				
	Email			
Address:	Telephone #			
How do they know you?				
2. Name	Email			
Address: Telephone #				
How do they know you?	<u> </u>			
3. Name	Email			
	Telephone #			
How do they know you?				
Have you or are you currently	ly a volunteer(ed) with any other organization?			
(If yes, then fill out below)				
Organization	Email			
	Telephone #			
How long there:				
	Email			
	Telephone #			
How long there:				
	Email			
-	Telephone #			
How long there:				



REQUEST FOR CENTRALREGISTRY AND CRIMINAL ISTORY 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: Name

Section 2: Other 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, 2, and 3 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.

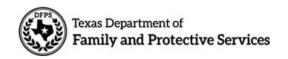
For additional questions, contact Background Checks at the following:

Email: CACTXBGCREQUEST@dfps.state.tx.us

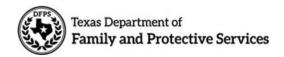
Mail: DFPS Background Checks M/C 121-7; PO BOX 149030, Austin, TX 78714-9030

Fax: 512-339-5831

SECTION 1: NAME					
First Name:	Middle Name:	Last Name:			
	No Middle 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)?					
Yes					
No					
If you answered Yes above, you must list every other name you have used.					
OTHER FIRST NAMES	S OTHER MIDDLE NAMES OTHER LA				



SECTION 2: OTHER PERSONAL INFORMATION							
Home Street Address:		City	<i>y</i> :	State:	:		Zip Code:
County of Residence:		Date of Birth:			Phone		Number:
	cial Security Number (if no SSN, provide ernate document name and ID number)		's License Number and State: Ge			Gen	der: Male Female
Ethnicity:	Race:						
Hispanic	White			Asian			
Other	Black Unable to Deter	mino	片		nerican Indian or Alaskan Native tive Hawaiian or Pacific Islander		
	Unable to Deter	mine		Native Hav	wanai	n or Pacil	ic 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 (INCLUDE CITY, STATE, AND ZIP CODE)			DATES (MM/YYYY – MM/YYYY)				
SECTION 4: DESIGNEE							
Full Name:			Email Address:				
Name of the Organization the Designee Represents:							



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:	Date Signed:
X	



CONFIDENTIALITY STATEMENT

Signature	Date
This agreement is entered into for the purpose of profamilies who are served at The Children's Advocacy	
I fully understand that failure to comply with The Child of Paris Confidentiality Policy may result in termination the Center.	
To maintain confidentiality means that I will not discuss children, friends or relatives. I may only discuss case Advocacy Center staff, caseworker, volunteers, or oth party to the case.	es with The Children's
am agreeing to maintain strict confidentiality of all info coordinated at The Children's Advocacy Center of Pa	