



Children's Advocacy
Center of Paris

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, grant writing, special education, public speaking, etc...)

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? ___Yes ___No

Place of employment: _____

Are you currently attending school? ___ Yes ___No

Name of school: _____

Are you volunteering for class credit? ___Yes ___No

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? ___Yes ___No

b. Foster Care? ___Yes ___No

c. Child Welfare? ___Yes ___No

d. Criminal, Juvenile, or Family Court System? ___Yes ___No

e. Other Child Service Agencies? Yes No

f. Diverse Populations? Yes No

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? Yes No

If "yes", please explain

Do you have any current/past issues related to drugs, alcohol, stress or mental health?

Yes No If "yes", please explain

REFERENCES:

RELEASE TO CONTACT REFERENCES

I, _____, hereby authorize the Children's Advocacy Center Paris (CACParis) to contact personal references listed on this form and understand that CAC Paris will not be held liable for the release of this information.

Volunteer Signature _____ Date _____

Please provide the NAME and EMAIL address of at least three personal/business/work references that are NOT related to you.

Character references:

1. Name _____ Email _____

Address: _____ Telephone # _____

How do they know you?

2. Name _____ Email _____

Address: _____ Telephone # _____

How do they know you?

3. Name _____ Email _____

Address: _____ Telephone # _____

How do they know you?

Have you or are you currently a volunteer(ed) with any other organization?

(If yes, then fill out below)

Organization _____ Email _____

Supervisor: _____ Telephone # _____

How long there: _____

Organization _____ Email _____

Supervisor: _____ Telephone # _____

How long there: _____

Organization _____ Email _____

Supervisor: _____ Telephone # _____

How long there: _____



REQUEST FOR CENTRALREGISTRY AND CRIMINAL HISTORY 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: <input type="checkbox"/> No Middle Name	Last 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)?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
If you answered Yes above, you must list every other name you have used.		
OTHER FIRST NAMES	OTHER MIDDLE NAMES	OTHER LAST NAMES



SECTION 2: OTHER PERSONAL INFORMATION

Home Street Address:		City:	State:	Zip Code:
County of Residence:		Date of Birth:		Phone Number:
Social Security Number (if no SSN, provide alternate document name and ID number)		Driver's License Number and State:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific 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



**Children's Advocacy
Center of Paris**

CONFIDENTIALITY STATEMENT

Upon signing this statement, I, _____
am agreeing to maintain strict confidentiality of all information to cases
coordinated at The Children's Advocacy Center of Paris.

To maintain confidentiality means that I will not discuss cases with spouses,
children, friends or relatives. I may only discuss cases with The Children's
Advocacy Center staff, caseworker, volunteers, or other persons who are
party to the case.

I fully understand that failure to comply with The Children's Advocacy Center
of Paris Confidentiality Policy may result in termination of my relationship with
the Center.

This agreement is entered into for the purpose of protecting the children and
families who are served at The Children's Advocacy Center of Paris.

Signature

Date