

**WELCOME POTENTIAL VOLUNTEER!**

Thank you for inquiring about our Volunteer Program. Attached is a copy of current openings for the Texarkana Children’s Advocacy Center (CAC) for you to review and an application package to complete. Our basic guidelines include the following:

* **Appointment:** Once you have completed the application, please call the office at 903-792-2215 to set up an interview. Bring the completed application with you to the interview. During the interview the available opportunities at the Center will be discussed as well as what will best meet our mutual needs. Please realize that being exposed to the children who come here to be interviewed and who have been physically or sexually abused may be very traumatic for you. Their families are upset and in a state of crisis. While Center staff will work directly with children and families you may be exposed to hearing or seeing things that are difficult to deal with. It is perfectly acceptable if you do not feel like this volunteer job is a match for you after you have learned about what we do here.
* **Background Check:** The Texarkana Children’s Advocacy Center requires a background check on all prospective volunteers.
* **Confidentiality Agreement:** Each volunteer must commit to keeping information confidential. A signed Agreement of Confidentiality must be signed and maintained on file.
* **Shifts:** Office volunteer shifts generally run from 9:00 am – 1:00 pm (morning), and 1:00 pm – 5:00 pm (afternoon).

*Candidates for regular volunteer opportunities should be 18 years of age or older.*

We have some great volunteer opportunities and a wonderful staff to work with. We appreciate your willingness to give of your valuable time and talents. If you have any questions, please do not hesitate to contact us.

Sincerely,

Missy Davison

Texarkana Children’s Advocacy Center Program Director

**VOLUNTEER POSITIONS AND DUTIES**

(Availability based on need at the time of application)

**AREA & DESCRIPTION OF DUTIES:**

* Office Volunteers – Assist with answering telephones, filing, welcomes visitors and directs families to appropriate areas, provides drinks and treats to children, receptionist duties, preparing packets for training and parent handouts, assist with community presentations when needed, etc. This volunteer service is ongoing and on an as needed basis.
* Facility Volunteers – Assist with home maintenance and cleaning, yard maintenance, snow removal, etc. This volunteer service can be ongoing or on an as needed basis.
* Community Volunteers – Any person and/or group that provide service through donations, fund raising, or time spent doing one-time projects at the CAC. This may include such things as seasonal decorating, house painting, planting flower beds, and making quilts.
* Baby Project – This project provides all necessities for 0 to 12 month old babies and moms that are in need of emergency assistance.
* Community Service – Any person sentenced to community service as part of their restitution and ordered by a judge may work at the center as long as their charges are benign and not child related. Hours are tracked and shared with the appropriate court.
* Practicum Students – College students who require a practicum may volunteer at the Center. They will be supervised and reviewed by the director and offsite school practicum advisors.

*All volunteers are managed by the Program Director and/or designated CAC staff. Some positions require light lifting (up to 20 lbs.). Volunteers who find it difficult during the day to work at the Center will be encouraged to develop tasks that can be completed after working hours. \*Other duties as assigned may be requested.*

**VOLUNTEER APPLICATION**

NAME: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/STATE: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:** In case of emergency, please notify:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Employment:** Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Worked: \_\_\_\_\_\_\_\_\_\_

**Past Employment / Volunteer Experience:** Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Worked: \_\_\_\_\_\_\_\_\_\_

Position Held and Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Worked: \_\_\_\_\_\_\_\_\_\_

List Special Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\**Please rate yourself in your ability to use a non-English language and state what language(s).*

1 = NONE 2= LEARNER 3= GOOD 4= EXCELLENT 5= EXPERT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly explain why you would like to be a volunteer with us and if you have a preference for a specific assignment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be willing to be “on call” for special assignments? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

**References:** List at least two references (other than family) we can contact and their relationship to you (friend, employer, etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | ADDRESS | PHONE | RELATIONSHIP | YEARS KNOWN |
|  |  |  |  |  |
|  |  |  |  |  |

**Background Information:**

Yes \_\_\_\_\_ No \_\_\_\_\_\_ Have you ever been convicted (or are currently out on bail or out on your own recognizance pending trial) of a felony, or misdemeanor other than a minor traffic violation? If yes, list what, where and disposition of case. (A criminal record does not constitute an automatic bar to volunteer placement, but will be considered in terms of the volunteer work to be performed.) Attach a separate sheet if necessary. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*For community service referrals only: Name of sentencing Judge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Needed \_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELEASE STATEMENT:** I certify that all statements I have made on this application are true and correct. I hereby authorize the Texarkana Children’s Advocacy Center to investigate the accuracy of this information. I am aware that fingerprinting, financial and/or other background checks may be required before placement. I expressly request references who may have information concerning me, to furnish such information, and agree to hold such persons harmless, and I do hereby release them from any and all liability for damage of nay nature whatsoever for furnishing such information.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BACKGROUND CHECK RELEASE**

I hereby certify that I have carefully answered and filled in all information requested in the volunteer application and further state that I fully understand that each of the statements are fully and completely given, with nothing withheld about me or my background which could concern you in giving me placement as a volunteer with the Texarkana Children’s Advocacy Center.

I further state that there is no falsification of any fact or figure contained in the volunteer application and it is my understanding that should any statement be made by me be investigated that should be found false, I could be subject to immediate dismissal from the volunteer program.

By signing my name, I hereby consent to the investigation of all facts and circumstances given in the volunteer application and consent to the interviewing of any references given by me in such application and any background investigation by any police organization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Volunteer Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Full Name of Applicant (First, Middle and Last)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name/Other Aliases/Suffix

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number DL State

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth Place of Birth (City and State)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number

**AGGREEMENT OF CONFIDENTIALITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Understand that the Texarkana Children’s Advocacy Center must maintain strict confidentiality regarding any child or family served, as well as any cases of child abuse investigation staffed or processed through the Center. I recognize there may be times when I may be exposed to confidential information regarding specific cases in which the Texarkana Children’s Advocacy Center may need to be involved and commit to keeping this confidential.

To release this information would be a serious violation of the law and would jeopardize my voluntary participation with the Texarkana Children’s Advocacy Center. I agree to use my best efforts to prevent the release of and to protect the Confidential Information from disclosure to any persons other than CAC employees.

I will not sue information, will not disclose information, and will protect and take all steps reasonably necessary to protect the secrecy of Confidential Information and to prevent the Confidential Information form falling into the possession of unauthorized persons.

The obligation of this Agreement shall continue until the Confidential Information obtained or disclosed is no longer confidential.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness Date**

*\*I agree that as a volunteer I will not post, comment or engage in articles/discussions containing or alluding to any cases involving child abuse of any kind.*

**RELEASE OF LIABILITY**

I, the undersigned, hereby acknowledge that I have voluntarily applied to provide services to the Texarkana Children’s Advocacy Center. As consideration for being permitted to engage in volunteer activities I do hereby waive any claim and have no expectations of remuneration. I do hereby release and forever discharge the State of Texas, State of Arkansas, and all counties within as well as the program director, officers, employees, agents and representatives of said entities, and their successors and assigns of and from any and all claims, demands, damages, actions, causes of action or suits of whatever kind or nature which now exist or which may hereafter accrue because of, for, arising out of or in any way connected with my said volunteer services at the Texarkana Children’s Advocacy Center. This contract shall be legally binding upon my estate, assigns, legal guardians, my personal representatives and me.

I have carefully read this agreement and fully understand the contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into the contract on behalf of myself and/or my family of my own free will.

**THIS IS A RELASE OF LIABILITY. DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND AND/OR DO NOT AGREE WITH ITS TERMS.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINTED NAME DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WITNESS DATE**