



## Children's Advocacy Center of Collin County Volunteer Application

Volunteers are an essential part of the team at Children's Advocacy Center of Collin County (CACCC). They go above and beyond to help us fulfill our mission "to provide safety, healing, and justice to children victimized by abuse or neglect." Every single volunteer is a part of making this mission possible, whether they are directly working with clients or are working behind the scenes.

Because of the sensitive nature of our business at Children's Advocacy Center of Collin County, volunteer opportunities are limited to individuals 21 years or older.

Business hours are Monday – Thursday, 8 am- 9 pm and Fridays 8 am – 5 pm.

### **Volunteer & Intern Application Packet**

This application packet includes the following documents:

- Volunteer Application
- DPS Criminal History form
- TX Dept of Family and Protective Services (DFPS) form

Completed applications may be returned via mail, fax, e-mail, or dropped off with CACCC receptionist.

Children's Advocacy Center of Collin County  
Attn: Corporate Relations Manager, Kara Shrum  
2205 Los Rios Blvd. Plano, Texas 75074  
Fax: 972.516.5754

For questions, please feel free to contact:

Kara Shrum, Corporate Relations Manager  
Office: 972.633.6614 or Email: [kshrum@caccollincounty.org](mailto:kshrum@caccollincounty.org)

**Children's Advocacy Center of Collin County Volunteer Application**

Date: \_\_\_\_\_  
m/d/yyyy

Name: \_\_\_\_\_  
Last name First Name Maiden Name

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_  
m/d/yyyy

Best Contact # (Please indicate by circling: cell ph, home ph, or work ph): \_\_\_\_\_

Residential Address: \_\_\_\_\_  
Street City, State Zip Code

How long at above address: \_\_\_yrs \_\_\_months If less than one year, list previous City/State: \_\_\_\_\_

Have you or a family member ever received counseling or assistance from the Children's Advocacy Center of Collin County? Yes  No  If yes, when: \_\_\_\_\_ Have you ever been a victim of abuse? Yes  No

PERSONAL INFORMATION

Have you volunteered at our agency before? Yes  No  If yes, when? \_\_\_\_\_

What service (s) did you provide? \_\_\_\_\_

Reason for seeking volunteer position? Personal fulfillment / Extra time  Internship  Other

How did you learn about the Children's Advocacy Center and our Volunteer Program?  
\_\_\_\_\_

What would you like to gain from your Volunteer experience?  
\_\_\_\_\_

Please describe why you are interested in volunteering and/or interning with the Children's Advocacy Center of Collin County?  
\_\_\_\_\_  
\_\_\_\_\_

VOLUNTEER INFORMATION/INTERESTS

List any special skills you feel may be an asset to the CAC? Such as computer (excel, word, power point), organizing, filing, etc. \_\_\_\_\_  
\_\_\_\_\_

Do you know a foreign language? Yes  No  If yes, please indicate the following:

Language (s) Read: \_\_\_\_\_ Write: \_\_\_\_\_ Speak: \_\_\_\_\_

SKILLS/EXPERIENCE

## Children's Advocacy Center of Collin County Volunteer Application

Please indicate the times and days you are available to volunteer.

**AVAILABILITY**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning</b> 9 am – 12 pm					
<b>Afternoon</b> 12 pm– 5 pm					
<b>Evening</b> 5 pm – 9 pm					

Please indicate which areas you are interested in and we will do our very best to match your availability with our needs. The Children’s Advocacy Center of Collin County reserves the right to place volunteers where the need is greatest.

**VOLUNTEER OPPORTUNITIES**

- Transcribe Forensic Interviews
- Assist in Rainbow Room
- Assist forensic medical staff during forensic medical exams
- Assist with Administrative Tasks: Copying, filing, organizing, data entry
- Individual Staff Assistant: Assigned to one person to help with ongoing administrative needs
- Join the Kids Court Players: A puppet show that shows children how to keep themselves safe
- Gala: The Center’s largest fundraiser: Volunteers assist with set up and assist with silent auction during event
- Back to School Fair / Holiday Project: Volunteers assist with a variety of tasks to prepare and execute the event

**Indicate the highest level of education you have completed?**

**EDUCATION**

- Did not complete high school     
  Some College     
  Master’s Degree  
 High School/GED     
  Bachelor’s Degree     
  Advanced Graduate work or Ph. D.

List Universities and degrees earned: \_\_\_\_\_

**Please complete this section if applying for an internship:** Undergraduate  Graduate

**INTERNSHIP INFO**

Intern Semester/ Year: \_\_\_\_\_ Total hours required: \_\_\_\_\_

College/University: \_\_\_\_\_ Program/Major: \_\_\_\_\_

Intern/Practicum begins date: \_\_\_\_\_ Last day to accumulate hours: \_\_\_\_\_

Expected graduation date: \_\_\_\_\_

What are your career plans after obtaining your degree/license? \_\_\_\_\_

Children's Advocacy Center of Collin County Volunteer Application

EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you been employed at this job? \_\_\_\_yrs \_\_\_\_months Are you: Full-Time \_\_\_\_ or Part-Time \_\_\_\_

May we contact your employer?  Yes  No

Supervisors Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Does your employer offer a match/incentive for volunteering?  Yes  No

RELEASE TO CONTACT REFERENCES

I, \_\_\_\_\_, hereby authorize the Children's Advocacy Center of Collin County (CACCC) to contact personal references listed on this form and understand that the CACCC will not be held liable for the release of this information. \_\_\_\_\_ Please use ink

Volunteer Signature

Date

Please provide name, contact number, and email address of three personal/business/work references that are NOT related to you.

CAC USE ONLY

Reference One

Date Contacted: \_\_\_\_\_ Time: \_\_\_\_\_

Contacted by:  Phone  Email

Comments: \_\_\_\_\_

Reference Two

Date Contacted: \_\_\_\_\_ Time: \_\_\_\_\_

Contacted by:  Phone  Email

Comments: \_\_\_\_\_

Reference Three

Date Contacted: \_\_\_\_\_ Time: \_\_\_\_\_

Contacted by:  Phone  Email

Comments: \_\_\_\_\_

PERSONAL REFERENCES

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

Phone Number: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

EMERGENCY CONTACT

Please list the person we should notify in case of an emergency:

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

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Do you have any impairment (physical, mental or medical) that may limit your ability to perform the volunteer job applied for?  Yes  No If yes, what accommodations are needed? \_\_\_\_\_





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

### CHIEF OPERATING OFFICER (COO) - 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](mailto: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](mailto:CACTXBGCREQUEST@dfps.state.tx.us)

FAX: 512-339-5871

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)					
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: <input checked="" type="checkbox"/> Please use ink	Date Signed:
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### Section 3: Designee

DFPS: Send the results of the requested checks to the designee below:

Full Name: Kara Shrum		Email Address kshrum@caccollincounty.org			
Address 2205 Los Rios Blvd.	Apt. No. (if applicable)	City Plano	County Collin	State TX	Zip Code 75074

Name of the volunteer organization the designee represents:  
Children's Advocacy Center of Collin County

### 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 C

DFPS values your privacy. For more information, read our [privacy policy](#).