



VOLUNTEER APPLICATION

Volunteers are an essential part of Children's Advocacy Center of Collin County (CACCC). We are incredibly grateful for the numerous hours spent by our volunteers; their organization and maintenance of the Center and event coordination enables us to provide services for our clients year-round.

VOLUNTEER REQUIREMENTS:

- Minimum age to volunteer is 21 years old
- All volunteers must receive comprehensive training
- An interview
- Must pass a criminal and Department of Family and Protective Services background check

THIS APPLICATION INCLUDES:

- Volunteer Application
- TX Dept of Family and Protective Services (DFPS) form
- Volunteer Pledge of Confidentiality form

Please return completed applications via e-mail or drop off to the receptionist at our Plano location:

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

For questions, please contact:

Kara Shrum, Corporate Relations Manager
972.633.6614 | kshrum@caccollincounty.org



VOLUNTEER APPLICATION

PERSONAL INFORMATION

Date: _____ Driver's License Number: _____ State DL Issued: _____
m/d/yyyy

Name: _____
Last First Maiden

Date of Birth: _____ Email Address: _____

Best Contact Number: _____ (Please Circle) Home Work Cell

Residential Address: _____
Street City, State Zip Code

How long at that address: _____ years _____ months If less than five years, list previous City, State: _____

Have you or a family member ever received services from Children's Advocacy Center of Collin County?
Yes No If yes, when: _____ Have you ever been a victim of child abuse: Yes No

VOLUNTEER 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 Children's Advocacy Center of Collin County and our volunteer opportunities?

What would you like to gain from your volunteer experience?

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

SKILLS/EXPERIENCE

List any special skills you feel may be an asset to the Center (i.e., computer programs, experience, organizing, filing, etc.)

Do you speak another language? Yes No If yes, please indicate the following:

Language(s) Read: _____ Spoken: _____ Written: _____

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

AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 9am – Noon					
Afternoon Noon – 5pm					
Evening 5pm – 9pm					

Please indicate which areas you are interested in, and we will do our best to match your availability with our needs. CACCC reserves the right to place volunteers where the need is greatest.

VOLUNTEER OPPORTUNITIES

- _____ Assist in Rainbow Room
- _____ 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 Count Players: A puppet show troupe that teaches children how to stay safe from abuse.
- _____ Gala: Volunteers assist with planning as part of the event committee or help with registration the night of the 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:

INTERNSHIP INFO

Intern semester/year: _____ Total hours required: _____

College/University: _____ Programs/Major: _____

Intern/Practicum start date: _____ Last day to accumulate hours: _____

Expected graduation date: _____

What are you career plans after obtaining your degree/license?



VOLUNTEER APPLICATION

EMPLOYMENT INFO

Employer: _____ Job Title: _____

Address: _____

Street *City, State* *Zip Code*

How long have you been employed at this job? _____ years _____ months Full Time: Part Time:

May we contact your employer? Yes No

Supervisor's Name: _____ Contact Number: _____

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

RELEASE TO CONTACT REFERENCES

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

Volunteer Signature _____ Date _____

Please provide the details listed below of three personal/business/work references who are NOT related to you.

PERSONAL REFERENCES

Name:
Phone Number:
Email Address:
Relationship to Volunteer:

Date Contacted:	Time:
Contacted via:	Phone Email
Comments:	

Name:
Phone Number:
Email Address:
Relationship to Volunteer:

CAC USE ONLY

Date Contacted:	Time:
Contacted via:	Phone Email
Comments:	

Name:
Phone Number:
Email Address:
Relationship to Volunteer:

Date Contacted:	Time:
Contacted via:	Phone Email
Comments:	

EMPLOYMENT INFO

Who should we contact in case of emergency? Name: _____ Relationship: _____

Phone (Cell): _____ (Work): _____

Do you have any condition (physical, mental, or medical) that may limit your availability to perform volunteer duties?

Yes No If yes, what accommodations are needed? _____



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Children's Advocacy Center of Collin County must perform criminal background check on our volunteers, employees, and related vendors or entertainers due to the nature of our business. Information obtained on this application or during any subsequent background check does not automatically bar your participation or volunteering at CACCC. Relevant circumstances are appraised on an individual basis.

1. I have _____ have not _____ been convicted of a felony or misdemeanor. If your answer is affirmative, provide details: include date, place, nature of conviction, and disposition.

2. I am _____ am not _____ currently under indictment or charge in an official criminal complaint accepted by a district or county attorney with a felony or misdemeanor. If your answer is affirmative, please provide details: include type of charges.

3. I have _____ have not _____ been prohibited from serving in any capacity as an employee or volunteer with any organization or agency working with children. If your answer is affirmative, please provide details: include date, name of organization and address.

I have _____ have not _____ been reassigned, removed, or asked to leave a position involving contact with children. If your answer is affirmative, please provide details: include date, name of organization and address.

I have read this form and understand information provided may be verified by Children's Advocacy Center of Collin County and will remain confidential.

Signature: _____ Date: _____
Volunteer Signature m/dd/yyyy