



The Children's Advocacy Center of Tom Green County, Inc.
ATTN: Monica Elrod, Director of Community Resources
P.O. Box 5195 317 Koberlin San Angelo, TX 76902
325-653-4673 fax: 653-5045

The Children's Advocacy Center of Tom Green County, Inc. is one organization with four programs targeting child abuse and neglect intervention and prevention. Court Appointed Special Advocates (CASA), Hope House, Family Enrichment Services, and the Child Fatality Review Team allow the Children's Advocacy Center to reach and meet the needs of hurting children and families throughout the Concho Valley and West Texas. Volunteers, donations and community support are always vitally needed and greatly appreciated.

- ◆ **Volunteer Coordinator:** Monica Elrod, Director of Community Resources
- ◆ **Mission:** To champion the prevention of child abuse and to serve as an ally of abused children with a dedication to securing for each child a safe and nurturing home.
- ◆ **Types of jobs:** Volunteers serve in a variety of roles. Please specify your interest on the following page.
- ◆ **Application process:**
 1. Potential applicant will contact office either by phone or in person requesting info regarding volunteer opportunities. Applicant may also print application off website & return in person or by mail to the Director of Community Resources
 2. Director of Community Resources schedules initial screening interview with applicant and completes required paperwork and background check.
- ◆ **Eligibility:** All volunteers must submit to a criminal background check and have a clear criminal background and child abuse and neglect registry history.
- ◆ **Special requirements:** Due to the nature of the work we do and the clients we serve, volunteers are screened by the Director of Community Resources via personal interviews and orientations to ensure each volunteer placement is appropriate. Volunteers are also screened for objectivity, sensitivity and dependability.
- ◆ **Age requirements:** CASA volunteers must be at least 21 years old. The minimum age requirement for other Children's Advocacy Center programs is generally 18 years of age, but depends on the type of volunteer activity.
- ◆ **Training:** Each program has training sessions and/or orientations scheduled throughout the year. CASA trainings are generally scheduled quarterly. Other program volunteer trainings are scheduled on an as-needed basis. Continuing education opportunities are offered throughout the year.

VOLUNTEER OPPORTUNITIES**Letter of Intent**

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 Office: 325-653-4673 ♥ Fax: 325-653-5045

Volunteer Name: _____

Address: _____

Phone Number: _____ E-mail address: _____

Date of Availability: _____

I would like to volunteer with the following program(s):

COURT APPOINTED SPECIAL ADVOCATE (CASA):

CASAs serve as community volunteers who have received court-approved training and who are appointed by the court to act as advocates for abused and neglected children whose home placements are being decided by the court. *30 hour training and one year commitment required. Time investment of 15-20 hours per month.*

SPECIAL PROJECTS VOLUNTEER: The Children's Advocacy Center of Tom Green County is in need of assistance with special projects that might include painting, cleaning, maintaining pond, sorting and organizing donation room, "handy-man" type jobs, seasonal decorating, etc; set up and decorate for annual fundraising events; stuffing envelopes and helping with mail-outs; *Time investment is event or project specific.*

PREVENTION EDUCATION VOLUNTEER: Duties vary; please check your area(s) of interest.

Shaken Baby Syndrome/SIDS Trainer: Help educate the community and prevent Shaken Baby Syndrome by using your public speaking skills. Spread the word by presenting this information to school groups, teens, childcare providers, and community members.
Training required and time investment is on as needed basis

Family Enrichment Services: Help by supporting the program which provides ongoing support groups and classes to parents and children. Volunteers may assist by providing our clients with a snack (such as baking cookies, donating snacks, assisting with childcare, set up or clean up and helping to prepare or serve meals. *Time investment 2-4 hours per week.*

Support Services: Help spread the word about the services and programs available to all families by filing, making copies, collating, stapling prevention information, and distributing throughout the community (doctor's office, hospitals, library, WIC office, etc). *Set your own hours*

Permission to check references/records:

I hereby give permission to the Children's Advocacy Center of Tom Green County, Inc. to inquire about my qualifications and/or character. I understand that the information requested in the following pages will be used for the purpose of a reference/records check and that this check may be made by phone or in writing and will include present and past employers, volunteer organizations, personal reference and Department of Human Services and police records. The results of the records check will be kept confidential. Please Print.

Signature of applicant

Date

Employment Information:

not currently employed

1. Date began employment? _____

2. Employer _____

3. Occupation/Title: _____

4. Work address _____ City _____
State _____ Zip _____

5. Hours worked per week _____ Is your schedule flexible? yes no

6. Supervisor _____

Contact phone: _____

Supervisor mailing address: _____

City: _____ State _____ Zip _____

Family Info:

Single

Married

If married, please provide spouse's information

Spouse's Name _____

Date of Birth _____/_____/_____

Children:

1. Name _____ Date of Birth _____/_____/_____

2. Name _____ Date of Birth _____/_____/_____

3. Name _____ Date of Birth _____/_____/_____

4. Name _____ Date of Birth _____/_____/_____

Emergency Contact Information:

Name _____ Relationship _____

Phone _____ Address _____

Additional contact info: _____

REFERENCES:

Please list at least three references with the COMPLETE MAILING ADDRESS & CONTACT INFO
 (PLEASE DO NOT LIST RELATIVES—AT LEAST ONE PERSONAL & ONE PROFESSIONAL)

1. Name _____ Relationship _____

Address _____ City _____ State _____

Zip _____ Phone _____

Fax _____ E-mail _____

2. Name _____ Relationship _____

Address _____ City _____ State _____

Zip _____ Phone _____

Fax _____ E-mail _____

3. Name _____ Relationship _____

Address _____ City _____ State _____

Zip _____ Phone _____

Fax _____ E-mail _____

4. Name _____ Relationship _____

Address _____ City _____ State _____

Zip _____ Phone _____

Fax _____ E-mail _____

Please indicate your hours of availability:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Education Information:

(Circle highest completed)

- 1. High School: 9 10 11 12 GED
- 2. College: 1 2 3 4 Major _____
- 3. Graduate School: 1 2 3 4 Major _____
- 4. Advanced Degree: _____

1. Special School/Training/Certifications:

2. If you completed college coursework, describe any special concentration, training:

3. Language: Are you fluent in any foreign language? Yes No

If so, which language(s) _____

4. Special Skills: Please list any special skills, hobbies or interests that might be helpful in your volunteer work:

5. Would you be willing to speak in public?

Community Involvement/Volunteer Experience: Please list any previous volunteer experience, particularly experience working with children and families.

Agency/Organization	Responsibilities	Length of Service

Current Volunteer Activities:

Have you had personal experience involving any of the following? Please check:

Child welfare	NOT APPLICABLE
Juvenile or family court systems	
Foster care system	
Child Abuse or Neglect (physical, emotional, or sexual abuse)	
Criminal Justice System	
Psychotherapy or counseling	
Domestic violence	
Alcohol & substance abuse	
Other agencies offering child services	

1. Would you be able to participate in fact-finding, monitoring and court appearances as necessary during the weekdays?

yes	no
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2. In addition to fact-finding, would you be willing to:
 - Visit children who reside in town
 - Visit children who reside out of town
 - Participate in public relations activities
 - Be interviewed by the media
 - Administrative duties (filing, phone, data entry)
 - Participate in fundraising events
 - Participate in the CAC Speaker's Bureau
 - Contribute to the volunteer newsletter

3. Do you understand that you will be required to complete an initial 30-hour CASA training course prior to service?

yes	no
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4. Do you understand that you are to appear in court when hearings on your case(s) are scheduled?

yes	no
-----	----

5. Do you understand that your first six months in this volunteer program is probationary?

yes	no
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6. Are you willing to make a minimum one-year commitment to the Court Appointed Special Advocate program (CASA)?

yes	no
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7. Do you understand that you will be required to attend 12 hours of continuing education classes each year?

yes	no
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8. What brought you to the CASA program?

9. What seems most intimidating to you about being a CASA volunteer?

10. What would you do if your recommendation on a case were different than the social workers, lawyers, etc.? Explain.

Please answer the following questions. Use separate sheet of paper as necessary and attach to application:

THERE ARE NO RIGHT OR WRONG ANSWERS

SECTION I: Determine emotional objectivity/prejudice.

1. What do you think are the reasons parents abuse their children?
2. For what reasons do you think children are removed from their homes?
3. What are your concerns in being appointed to a case where a parent, sibling and/or extended family member has allegedly sexually abused a child?
4. Do you think race and gender play a factor in the abuse and neglect of children? If so, how?

SECTION II: Family of origin/present family

1. How were you disciplined as a child?
2. Do you think your basic needs were met?
3. What values are important to your family? What is your most important value?

SECTION III: To determine maturity/stability/self esteem

1. How do you cope with stress?
2. How many jobs have you had in the past five years?
3. What are your strongest qualities/assets?

SECTION IV: Related History

1. Have you ever had any interaction with a child protection agency or department?
2. Have you ever been involved in a custody dispute? Explain in detail.
3. Have you ever been convicted of any major traffic violations, DWI's, etc.?
4. Do you have any problems or concerns that may be raised by reference checks with the child abuse registry or criminal background check?

SECTION V: To determine motivation/commitment.

1. How do you practice spirituality?
2. Have you ever had any experience with domestic violence situations?
3. Have you ever been the victim of violent crime? Another type of crime?

SECTION VI: To determine natural/instinctive abilities.

1. What activities would you enjoy doing with a child?
2. You are leaving the grocery store and come across a small child left in a parked car, what would you do in this situation?
3. Scenario: A child confides "Help me get an abortion." How would you handle this?

SECTION VII: Handling confrontation/adapting to new situations.

1. What would you do if a parent told you to "mind your own business?"
2. Working with homosexual parents?
3. Working with HIV/AIDS parents and children?
4. There is a possibility for becoming personally involved. How will you handle this?

By signing below, I assure that everything on this form and my application is true.

Signature: _____

Print name: _____

Date: _____

1. Have you ever been arrested for a crime? yes no
If so, what charge? Please describe: (include date of arrest, location, disposition of case, any other details):

2. Have you ever been convicted of a felony or a first-degree misdemeanor? yes no
If so, what charge? Please describe: (include date of arrest, location, and other details)

3. Are you aware that the programs of the Children's Advocacy Center of Tom Green County, Inc. operates through agreements with the Texas Department of Family & Protective Services, as well as the district and county court-at-law judges? yes no

I, _____ hereby authorize The Children's Advocacy Center of Tom Green County , Inc. to obtain information pertaining to any charges and/or convictions I may have had for federal and state criminal law violations. This information will include but not be limited to allegations and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state or any state or federal government, to the extent permitted by state and federal law.

- I hereby acknowledge and understand that with the completion of this application, I give my permission to the Children's Advocacy Center of Tom Green County, Inc. and its authorized agents to access information that may be appropriate to my qualification to serve in the Children's Advocacy Center Volunteer Program.
- I further understand that the Children's Advocacy Center has the right to review this application and subsequent information to determine acceptance or rejection for volunteer service or to terminate my volunteer placement at any time and that upon termination, I will return any and all properties issued to me by the Children's Advocacy Center.
- I agree that upon placement, I will perform my volunteer responsibilities without compensation and that in performing those responsibilities, I am not acting as an employee or official representative of the Children's Advocacy Center of Tom Green County, Inc.
- I understand that after successfully completing my personal interview, training period and volunteer placement, I will be expected to complete the term of service required by the program I select. If unforeseen circumstances should prevent me from fulfilling this obligation, I will submit my written resignation to the Director of Community Resources and my Program Director with as much notice as circumstances permit.
- I understand and agree to abide by the regulations and policies of the Children's Advocacy Center that prohibit the disclosing of any communications, records and files, except for purposes directly connected with the administration of the Children's Advocacy Center.
- I understand that falsifying or misrepresenting self or facts during the screening process is grounds for rejection from any program I am involved with through the Children's Advocacy Center of Tom Green County.

AGREEMENTS

- I agree that any written or oral misrepresentation in completing this application is just cause for dismissal.
- I understand that a criminal record check and child abuse and neglect registry check will be completed.
- I understand that the completion of this form is only a part of the application process and does not guarantee acceptance into the volunteer program.
- I understand that falsifying documents or facts during screening process is justification for removal from this program.

Signature _____ Date _____

Social Security or I.D. #: _____

Driver's License #: _____ State issued: _____ Expires: _____

Name of Agency: Children's Advocacy Center of Tom Green County, Inc.

Authorized Agency Supervisor: _____

PLEDGE OF CONFIDENTIALITY

During the course of your activities at the Children's Advocacy Center, you may have access to information that is confidential and may not be disclosed, except as permitted or required by law and the Children's Advocacy Center policies and procedures.

Any information observed in connection with volunteering at the Children's Advocacy Center is considered confidential. Confidential information includes but is not limited to:

- Medical & any other personal information regarding the children served by the Children's Advocacy Center of Tom Green County, Inc.
 - Any client records and/or team's decisions made relative to specific cases
 - The client's identity
 - Any person seeking services at the Children's Advocacy Center of Tom Green County, Inc.
 - What transpired at any meeting with the client
 - Any information gathered while working with the client and/or family
 - Any personal information disclosed to you in your volunteer capacity at the Children's Advocacy Center of Tom Green County, Inc.
- ◆ I promise that I shall hold in confidence all pertinent information relating to the individual cases and clients to which I am assigned. I will not violate the confidential relationships between the Children's Advocacy Center, its volunteers, participating and related agencies, courts and any and all parties interviewed or present at the center. I will not remove any written records from the offices of the Children's Advocacy Center without the expressed permission from the executive director or designated staff member.
 - ◆ I agree to return all information that I have gathered, together with any printed matter or notations relevant to any and all cases and/or clients to which I have been assigned, at the request of the executive director or designated staff member, at the close of a case, or if my service with the Children's Advocacy Center terminates.
 - ◆ I accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this agreement and that any violation can result in immediate termination of my volunteer service.
 - ◆ I agree to conform to the Children's Advocacy Center's rules and regulations to the best of my ability. I agree to respect the confidential nature of case information, as well as my personal contacts with clients.

By signing this Confidentiality Acknowledgement, you acknowledge that:

1. you are obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner that is inconsistent with applicable policies and procedures of the Children's Advocacy Center.
2. Your confidentiality obligation shall continue indefinitely, including at all times after your association with the Children's Advocacy Center
3. Impermissible disclosure of confidential information about a person may result in legal actions being taken against you, by or on behalf of that person.
4. You have read and understood this Confidentiality Acknowledgement.

If you are receiving training from the Children's Advocacy Center, you also:

1. Will not duplicate any material without express written permission from the Children's Advocacy Center or the author of the material.
2. Will not teach or present this material other than for court or your own agency's internal use without specific written approval from the Children's Advocacy Center.
3. Acknowledge that violation of Children's Advocacy Center's copyright or other author's copyright may result in legal action begin taken against you.

If you have any questions concerning confidentiality or disclosure or information, please contact the Children's Advocacy Center Executive Director.

Printed name of volunteer

Signature of volunteer

Date

FELONY CONVICTION INFORMATION:

The Children's Advocacy Center of Tom Green County, Inc. works in conjunction with law enforcement, state and county agencies involved in the legal process. Therefore, we are required to have our volunteers complete this "Felony Conviction Information" form.

1. I have have not been convicted, within 10 years preceding this date, of any felony or misdemeanor.

▶ *If your answer is affirmative, please give details; include date, place, nature of conviction and disposition.*

2. I am am not currently under the indictment or charged in an official criminal complaint accepted by a district or county attorney with a felony misdemeanor within the prohibited classes.

▶ *If your answer is affirmative, please give details; include types of charges:*

3. I have have not ever 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 give details; include date, name of organization and address*

4. I have have not ever been reassigned, removed or asked to leave any position involving contact with children.

▶ *If your answer is affirmative, please give details; include date, name of organization and address*

NOTE: Any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose a risk to any child involved in the programs of the Children's Advocacy Center (CASA, HOPE HOUSE, & Family Enrichment Services) will not be accepted as a volunteer. The Children's Advocacy Center staff may also disqualify applicants with substance abuse and other convictions on a case-by-case basis.

I have read this form in its entirety and understand that the information may be verified by the Children's Advocacy Center and that the inclusion of any false information or the omission of any requested information is just cause for immediate termination from the Children's Advocacy Center's Volunteer Program.

I agree to inform the Children's Advocacy Center if this information changes at any time during my participation in the volunteer program.

Signature

Date

FELONY CONVICTION INFORMATION—CONTINUED:

I acknowledge that I have been informed of the following:

- A. Prohibition from serving in any capacity as an employee or volunteer of a child-related/child-focused agency for any person convicted within the previous 10 years (minimum) of:
1. Any felony or misdemeanor classified as an offense against person or family;
 2. Any felony or misdemeanor involving public indecency;
 3. Any felony violation or any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act.
- B. Reassignment or removal from contact with children of any employee or volunteer with a child-related/child-focused agency for any of the following reasons:
1. An indictment alleging commission of a felony classified as offense against the person or family, or of public indecency, or of a felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act;
 2. An indictment alleging commission of a misdemeanor classified as an offense against the person or family or of public indecency;
 3. An official criminal complaint accepted by a district or county attorney alleging commission of a misdemeanor classified as an offense against the person or family or of public indecency.

NOTE: Please see next page for offenses against person or family or of public indecency.

I have read this form in its entirety, including the attached list, and understand that the information will be verified by the Children's Advocacy Center of Tom Green County, and that the inclusion of any false information or the omission of any requested information is cause for my immediate dismissal by the Children's Advocacy Center of Tom Green County.

Printed name of volunteer

Signature of volunteer

Date

CRIMINAL OFFENSES FROM THE TEXAS PENAL CODE

TITLE 5: CRIMES AGAINST THE PERSON:

Murder
 Capital murder
 Voluntary Manslaughter
 Involuntary Manslaughter
 Criminally Negligent Homicide
 False Imprisonment
 Kidnapping
 Aggravated Kidnapping
 Aggravated Rape
 Sexual Abuse
 Aggravated Sexual Abuse
 Homosexual Conduct
 Public Lewdness
 Indecent Exposure
 Rape of a Child
 Sexual Abuse of a Child Indecency
 with a Child
 Assault
 Aggravated Assault
 Deadly Assault on a Peace Officer
 Injury to a Child
 Reckless Conduct
 Terroristic Threat
 Aiding Suicide
 Tampering with Consumer Products

TITLE 6: OFFENSES AGAINST THE FAMILY

Bigamy
 Incest
 Interference with Children Custody
 Enticing a Child
 Criminal Nonsupport
 Sale or Purchase of a Child
 Solicitation of a Child
 Harboring a Runaway Child
 Violation of a Court Order

TITLE 43: PUBLIC INDECENCY

Prostitution
 Promotion of Prostitution
 Aggravated Promotion of Prostitution
 Compelling Prostitution
 Obscene Display or Distribution
 Obscenity
 Sale, Distribution, or Display of Harmful Material to a Minor
 Sexual Performance by a Child

**PERMISSION TO ALLOW CASA PROGRAM TO REQUEST
CHILD ABUSE/NEGLECT
CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK**

REQUIRED IDENTIFYING INFORMATION ON SUBJECT OF REQUEST - The requester must provide all of this information in order for a check to be made:

First Name		Middle Name	Last Name			
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)						
E-mail Address (optional)						
Residence Street Address			City	County	State	Zip Code
Residence Telephone No. (A/C)		Date of Birth	Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female		SSN	
Race (check all applicable) <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Nat Hawaii/Pacis <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine			Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine			
List all addresses you have resided in <u>Texas</u> :						

I am the person listed above. The information in this document is correct and I am a prospective or current volunteer, employee or board member of a court appointed special advocate (CASA) program. I agree to update the CASA program of any changes to the information above.

I grant permission to the CASA program 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 the CASA program.

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.

Signature: _____

Date of Consent: _____