



Dear Prospective Volunteer,

Thank you for your interest in volunteering with the Center for Child Protection. Volunteers provide the vital support needed for the Center's successful operation and we offer a variety of volunteer opportunities. To learn more about specific volunteer roles at the Center, please visit our website at [www.centerforchildprotection.org](http://www.centerforchildprotection.org) and click on the volunteer tab at the top of the page.

By filling out the attached volunteer application, you are one step closer to becoming part of a supportive process for young victims of violence. Here are a few important tips on filling in this application:

- Please answer all questions and complete all pages (with the exception of the Student Intern page if it does not apply), as incomplete applications will not be reviewed.
- This application includes several forms for the purpose of records checks.
- Page 8 requires a notary's stamp and signature; please do not sign this form until in the presence of the notary; notaries can be found at most banks and post office; we do have notaries available at the Center should you wish to sign here.
- Applications cannot be faxed in, we need original signatures for background checks.
- Mail applications to: Melissa Faz Soliz, Volunteer Coordinator  
Center for Child Protection  
8509 FM 969 Bldg 2  
Austin, TX 78724

After completing and sending in your volunteer application, the following steps will be taken before you are matched with a volunteer position:

1. Complete volunteer application
2. Process criminal background check
3. Interview with Center Volunteer Coordinator
4. Attend our nine hour Volunteer Training
5. Attend second interview with Center Volunteer Coordinator
6. Attend program-specific training, if necessary

Once background checks have come through (usually takes 2-3 weeks), I will contact you to set up a volunteer interview. In the meantime, if you have any questions, concerns, or would like additional information, please feel free to contact me by phone at 512.472.1164 or through email at [msoliz@centerforchildprotection.org](mailto:msoliz@centerforchildprotection.org).

I hope to see you around the Center soon!

Melissa Faz Soliz  
Volunteer Coordinator

*Volunteer program supported by the DELL Foundation*

# VOLUNTEER APPLICATION

**The Center for Child Protection**  
**8509 FM 969 Bldg 2**  
**Austin, Texas 78724**  
**Phone (512) 472-1164 Fax (512) 472-1167**  
**www.centerforchildprotection.org**

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please select areas you are interested in volunteering with:**

Services to Children & Families	Center Support	Special Events & Fundraising
<input type="checkbox"/> Child Support	<input type="checkbox"/> Resource Room Support	<input type="checkbox"/> Golf Tournament
<input type="checkbox"/> Medical Support	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Luxury Car Raffle
<input type="checkbox"/> Court School/Legal Support	<input type="checkbox"/> Computer/Web Page Support	<input type="checkbox"/> PlayBingo Ladies Luncheon
<input type="checkbox"/> Parent Education	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Dancing With the Austin Stars
<input type="checkbox"/> Internship <i>(must complete at least 20 hours a week)</i>	<input type="checkbox"/> Marketing/Special Events Support	<input type="checkbox"/> Committee Member
	<input type="checkbox"/> Building/Yard Maintenance	

**Please indicate when you are available to volunteer:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*	Sunday*
<b>Daytime</b>							
<b>Evening*</b>							

*\*Currently there are limited evening and weekend volunteer opportunities*

**How did you learn about our volunteer program?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Class Presentation | <input type="checkbox"/> Volunteer Center  | <input type="checkbox"/> Internet site: _____    |
| <input type="checkbox"/> Volunteer Fair     | <input type="checkbox"/> Flyer             | <input type="checkbox"/> Friend/Volunteer: _____ |
| <input type="checkbox"/> Professor          | <input type="checkbox"/> Newspaper Article | <input type="checkbox"/> Other: _____            |

Are you volunteering for class credit? \_\_Yes \_\_No      Name of class/instructor: \_\_\_\_\_

Are you currently employed?      \_\_Yes \_\_No      Place of employment: \_\_\_\_\_

Are you currently attending school? \_\_Yes \_\_No      Name of school: \_\_\_\_\_

What languages do you speak fluently? \_\_ English \_\_Spanish      Other: \_\_\_\_\_

Do you have children? Names and ages: \_\_\_\_\_

Do you have experience with children? List ages and type of activity: \_\_\_\_\_

Have you worked with these children as a volunteer or as a professional? Explain \_\_\_\_\_

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 \_\_\_\_\_

Do you have a police record?  Yes  No If "yes", please explain \_\_\_\_\_

Do you have any current issues related to drugs, alcohol, or mental health that may pose a risk for you or the children we serve?  Yes  No If "yes", please explain \_\_\_\_\_

Work with children can be active and stressful. Do you have any current physical or emotional health conditions that may pose a risk for you or a Center client?  Yes  No If "yes", please explain \_\_\_\_\_

Volunteer experience (Give name of organization and dates involved): \_\_\_\_\_

---

---

Present memberships in clubs or organizations, including any office or responsibility: \_\_\_\_\_

---

---

Why do you want to become a volunteer? \_\_\_\_\_

---

---

What do you feel are your strengths and weaknesses? \_\_\_\_\_

---

---

## EMERGENCY CONTACT INFORMATION

Name of person to contact in the event of an emergency: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone Numbers: (W) \_\_\_\_\_ (C) \_\_\_\_\_

Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

## REFERENCES

List two personal references and one professional reference with email addresses and phone numbers (please do not include family members):

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I UNDERSTAND THAT THE CENTER FOR CHILD PROTECTION WILL CONTACT MY REFERENCES TO OBTAIN INFORMATION REGARDING MY SUITABILITY TO WORK WITH CHILDREN AND FAMILIES. ALL OF THE INFORMATION ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AGREE TO TAKE ANY REQUIRED ORIENTATION OR TRAINING NECESSARY FOR THE VOLUNTEER POSITION(S) THAT I HIGHLIGHTED ON MY APPLICATION. I UNDERSTAND THAT CRIMINAL HISTORY RECORDS INFORMATION AND A TEXAS DEPARTMENT OF PROTECTIIVE AND REGULATORY SERVICES CENTRAL REGISTRY CHECK WILL BE COMPLETED. I UNDERSTAND THAT I WILL BE UNABLE TO VOLUNTEER UNTIL THE CHECK HAS BEEN COMPLETED.

*FORMS GRANTING PERMISSION FOR SUCH CHECKS ARE ATTACHED.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT INTERNS**

*Optional*

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

Date: \_\_\_\_\_

School Attending: \_\_\_\_\_

Current Academic Level: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Please briefly summarize your future goals and how an internship with the Center for Child Protection would benefit your educational efforts:

---

---

---

---

---

---

---

Please list prior experience:

---

---

---

Please list your expectations from an internship position with the Center:

---

---

---

---

Time Availability: \_\_\_\_\_

---

## **Center for Child Protection Background Checks**

- **The Center for Child Protection will complete records checks with the Austin Police Department, the Department of Public Safety, the Travis County Sheriff’s Department, and the Texas Department of Human Services on all potential volunteers. It is the mission and responsibility of the Center for Child Protection to help victims of child abuse and their families recover from the abuse. Because of the nature of the injuries sustained by the children and families that come to the Center for help, the Center reserves the right to decline any applicant based upon the results of the records check and/or interviews with Center personnel.**
  
- **The Center does not accept applicants that have investigations, prior charges, convictions or pending charges for felony or misdemeanor acts involving sexual offenses, violence, child abuse/neglect, crimes against persons, or other acts that may pose a risk to children.**
  
- **Investigation into background is not limited to convictions.**
  
- **Omission of all civil or criminal involvement is cause for immediate dismissal from volunteer or academic placements with this agency.**
  
- **The Center may review all previous, current and subsequent information related to my application and may unconditionally accept or reject my application for service.**
  
- **Volunteer must contact the Volunteer Coordinator immediately if they become involved in any criminal or civil court proceeding (i.e. custody, arrests, child abuse allegations, etc.) during their placement.**

**I have read and understand these policies.**

**Applicant Initials:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

**REQUEST FOR CHILD ABUSE/NEGLECT  
CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK  
Police/DHS Reports Check**

The following information is needed to complete the police/DHS report checks:

Name: \_\_\_\_\_  
Last First Full Middle Name

Other names used: (maiden, married, etc.) \_\_\_\_\_ \_\_Male \_\_Female

Signature: \_\_\_\_\_

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

Have you lived out of state in the last three years?

Yes  No If so, where? \_\_\_\_\_ When? \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_ Ethnicity/Race \_\_\_\_\_

Texas Driver's License #: \_\_\_\_\_ Other Driver's License #: \_\_\_\_\_

Do you have access to an automobile you can use for volunteer work:  Yes  No  Occasionally

Driver's License Expiration Date: \_\_\_\_\_

Automobile Liability Insurance Carrier: \_\_\_\_\_

The Texas Department of Family and Protective Services (FPS) operates a Central Registry that identifies persons whom FPS has found to have abused or neglected children. FPS strives to provide the results of the Central Registry check **within 30 days**

**REQUIRED IDENTIFYING INFORMATION ON REQUESTER - 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)					
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/Pacific <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 other places you have resided in <b>Texas</b> (continue on back as needed)					

<p><b>SEND RESULTS OF REQUESTED CHECKS TO:</b>  <input type="checkbox"/> Requester, ~ OR  <input checked="" type="checkbox"/> Designee ~          Name of Designee:  <b>Katherine Randow (834797)</b>          Please check below to indicate Agency the Designee Represents:  <b>Center for Protection, CAC</b>          Mailing Address of Designee (City, State, Zip):  <b>8509 FM 969, Bldg 2</b>  <b>Austin, TX 78724 (512) 600-2409</b>          Email Address:  <b><u>krandow@centerforchildprotection.org</u></b></p>	<p><b>RESULTS OF CENTRAL REGISTRY CHECK:</b>          FPS returns the results of the Central Registry checks to the requestor or designee indicated to the left. The requester is entitled to have the results provided to him or to designate another person or entity to receive the results.   <b><u>NOTICE - NOTICE - NOTICE:</u></b> The requester may not have exhausted all opportunities to contest findings in the Central Registry. Therefore, a requester who designates another person/entity to receive the results of the check is <b><u>hereby provided notice and cautioned</u></b> that if he or she disagrees with any such findings, that he or she may have the right to challenge any such findings, and that he or she is authorizing FPS to release any such findings to a third party prior to or during any challenge to the accuracy of those findings.</p>
---	---

Type of Agency:	
<input type="checkbox"/> a Texas affiliate of Big Brothers/Big Sisters of America	<input type="checkbox"/> a Texas chapter of the Make-a Wish Foundation of America
<input type="checkbox"/> the "I have a Dream/Houston" program	<input checked="" type="checkbox"/> a local affiliate of Children's Advocacy Centers of Texas
<input type="checkbox"/> an organization providing Court-Appointed Special Advocates for abused/neglected children (CASA)	

Signature of Requester \_\_\_\_\_ Date of Request \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

[Notary stamp or seal]

\_\_\_\_\_  
Notary Public

DPS Criminal History Check Requested? (for designated agency use only)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

## FORMS INSTRUCTIONS:

Purpose - to provide a form that an individual can use to request a child abuse and neglect records check from the FPS Central Registry of Child Abuse and Neglect.

When to Use - FPS staff can partially complete and generate Form 2970 in order to give it to the requester for completion when a request for a central registry check is received verbally or when a written request not made on Form 2970 does not contain all the information required on Form 2970. A requester does not have to use Form 2970 to make this request but all the required information must be provided and the request must be notarized.

How to Complete - Form 2970 can be accessed from the Smiley face icon, under the APS/CPS Shared Forms menu. Prior to printing the form, staff must enter an address in the first paragraph on the form to indicate where the requester is to send the completed form. Staff may obtain this address from the Regional Director in the region. Staff then print the form and provide it to the requester so that he can complete and submit it.

Responding to Form 2970 When It Is Submitted - Staff designated by the Regional Director review the submitted form for completeness. If not complete and notarized, staff returns the form to the requester for completing. If the form is complete and notarized, staff conducts a person search. If the person is found on IMPACT, staff generates, complete as appropriate and print the Central Registry Response from IMPACT. If the person is not found on IMPACT, staff complete and print Form 2972, Child Abuse and Neglect Central Registry Check from the Smiley face icon (under the APS/CPS Shared Forms menu). Staff sends the printed form to the requester or his designee.

Retention - Form 2970 and a copy of the response are to be retained three years in administrative files, then destroyed in a manner consistent with observing the confidentiality of case and person information obtained from the central registry checks from IMPACT.

### DETAILED INSTRUCTIONS

Enter the Name and Address of the Person Designated by the Regional Director to Receive Form 2970 - FPS staff enter the name and address of the person designated by the Regional Director to receive Form 2970.

Required Identifying Information on Requester:

First, middle, last name - The requester enters his legal name. Note: if the requester does not have a middle name, leave the 'Middle Name' field blank.

Other Names or Spellings Used - First, Middle, Last - The requester enters his married name(s), maiden name, alias(es), name(s) he uses every day, etc., if different from his legal name.

Residence street address, city, county, state, zip code - The requester enters this information on his current primary residence.

Telephone number (A/C) - The requester enters his primary telephone number, including the area code. If none, leave blank.

Date of Birth - The requester enters his birth date.

Gender - The requester checks the box that represents the appropriate gender.

SSN - The requester enters his social security number.

Race/Ethnicity - The requester checks the box that represents his race and ethnicity.

List other places you have resided - The requester enters the names of all the cities in Texas where he has resided, other than the current primary residence which has been given above. If none, leave blank.

Send Results of Central Registry Check to: Requester OR Designee - Name of Designee and Agency Designee Represents - At Mailing Address - The requester checks the appropriate box to indicate whether he wants the results of the central registry check sent directly to him or to a designee. If to a designee, the requester enters the name of the designee, the agency the designee represents and the mailing address to which the results of the central registry check are to be sent.

Signature of Requester - The requester signs the form before a notary public.

Date of Request - The requester enters the date he signed the form.

Subscribed and Sworn to Before Me this \_\_\_\_\_ day of \_\_\_\_\_ - Notary Public - Notary stamp or seal - The notary provides the information and signs and stamps/seals the form.

State of Texas  
County of Travis County

KNOWN ALL MEN BY THESE PRESENTS:

That I, the undersigned \_\_\_\_\_ do hereby authorize a review and disclosure as allowed by law of all records concerning myself to any duly authorized agent of the Center for Child Protection, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for disclosure as allowed by law of the following records: law enforcement agencies; either criminal or civil, in which I presently have, or have had an interest.

I certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I also certify that the Center for Child Protection and its employees are released from any liability whatsoever for requesting, obtaining or evaluating information pursuant to this authorization.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

The Center for Child Protection conducts all job inquires in compliance with the Civil Rights Acts of 1964, as amended, the Rehabilitation Act of 1973, Public Law 93-1122, Section 504, and with the provisions of the Americans with Disabilities Act of 1990, Public Law 101-336 [S.933]. The Center for Child Protection does not discriminate against any employee, applicant for employment, or eligible client based on race, religion, color, sex, national origin, age or handicapped condition.

\_\_\_\_\_  
Signature (including birth name)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## FELONY CONVICTION INFORMATION

The Center for Child Protection works in conjunction with law enforcement and state and county agencies involved in the criminal justice system process.

1. I have \_\_\_\_ have not \_\_\_\_ been convicted of a felony or a misdemeanor.  
If your answer is affirmative, give details, including date, place, nature or conviction, and disposition.  
\_\_\_\_\_  
\_\_\_\_\_
  
2. I am \_\_\_\_ am not \_\_\_\_ currently under indictment or charged in an official criminal complaint accepted by a district or county attorney with a felony or misdemeanor.  
If your answer is affirmative, please give details, including the type of charges.  
\_\_\_\_\_  
\_\_\_\_\_
  
3. I have \_\_\_\_ have not \_\_\_\_ ever been prohibited from serving in capacity as an employee or volunteer with any organization or agency working with children.  
If your answer is affirmative, please give details, including the date, name, address and phone number of organization.  
\_\_\_\_\_  
\_\_\_\_\_
  
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, including the date, name, and address and phone number of organization.  
\_\_\_\_\_  
\_\_\_\_\_

I have read this form in its entirety and understand that the information may be verified by the Center for Child Protection and that the inclusion and/or admission of any false information or the omission of any requested information is cause for my immediate dismissal from placement with this agency. I agree to inform the Center for Child Protection if the information changes any time during my participation at the Center for Child Protection.

**SIGNATURE OF VOLUNTEER  
OR STAFF MEMBER** \_\_\_\_\_

**DATE** \_\_\_\_\_

## VOLUNTEER STATEMENT

I hereby acknowledge and understand that with the completion of this application, I give my permission for the Center for Child Protection and to its authorized agents to access information with regards to criminal history, employment history and other information that may be appropriate to my qualifications to serve in community volunteer child abuse programs.

I further understand that the Center for Child Protection has the right to review this applicant's subsequent information, to unconditionally accept or reject my application for volunteer service, and terminate my volunteer placement at any time, and that upon termination, I will return any and all property issued to me by this agency.

I understand and agree to abide by the regulations and policies of the Center for Child Protection which specify that for the protection of all served, every person is prohibited from disclosing the contents of any communications, records and/or files, except for purposes directly connected with the administration of the Center for Child Protection.

I understand that after successfully completing orientation and training sessions, personal interviews, and volunteer placement, *I will commit to serving as a volunteer for a minimum of one year with the Center for Child Protection.*

If unforeseen circumstances should prevent me from fulfilling this obligation, I will submit my written resignation to the Volunteer Coordinator with as much advance notice as circumstances permit.

**SIGNATURE OF VOLUNTEER** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SIGNATURE OF  
EXECUTIVE DIRECTOR OR DESIGNEE** \_\_\_\_\_

**DATE** \_\_\_\_\_