

**Hill Country Children's Advocacy Center
Volunteer Application**

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Select Areas of Interest:

Children & Families

Center Support

Fund Raising Activities

Family Greeting

Decorate for Holidays

Bike Ride Fundraiser

Sibling Care

Office Assistance

Christmas Mail-Out

Newsletter

Gala & Special Projects

Landscape/Gardening

Yello Dyno

What days are you available to volunteer: ___ Mon. ___ Tue. ___ Wed. ___ Thur. ___ Fri.
___ Sat. ___ Mornings ___ Afternoons

What would you like to gain from your volunteer experience?

Are you seeking an internship? ___ Yes ___ No Major: _____

Are you currently employed? ___ Yes ___ No Where: _____

Are you bilingual? ___ Yes ___ No Which language(s): _____

Do you have children? Names & Ages: _____

Do you have experience working with children? List ages and type of activities

Do you have experience with any of the following (please explain):

1. Child Abuse? ___ Yes ___ No _____

2. Foster Care? ___ Yes ___ No _____

3. Child Welfare? ___ Yes ___ No _____

4. Criminal Justice System? Yes No _____

5. Other child services agencies? Yes No _____

6. Volunteer Experience: Yes No _____

Why do you want to become a volunteer? _____

What are your strengths and weaknesses? _____

Do you have a police record? Yes No If yes please explain.

Authority for Release of Information:

The CAC will complete a record check with law enforcement on all potential volunteers. CAC does not accept applications if an applicant has been convicted or have prior charges, or charges pending for a felony or misdemeanor involving sex offense, violent act, child abuse or neglect, or related acts that might pose risk to children or to the agency's ability to deliver services. In order to complete the law enforcement background check the CAC needs the following information:

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: _____

TX Drivers License #: _____ License Expiration Date: _____

Automobile Liability Insurance Carrier: _____

Emergency Contact Information

Name of person to contact in an emergency: _____

Phone # (W) _____ Home/Cell _____

Physician: _____ Phone #: _____

References

List two character and one employer reference with address and phone numbers. Do not list family.

1. _____

2. _____

3. _____

I understand that the Children's Advocacy Center 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 understand the criminal history records information and a Texas Department of Family and Protection Services check will be completed.

I agree to take any required orientation or training necessary for the volunteer position(s) that I may fill.

Signature: _____ Date: _____

Please mail or email the completed volunteer application to:

Pam Wiesen Rodgers, Volunteer Coordinator
P. O. Box 27
Burnet, Texas 78611
Phone: 512-756-2607
Email: pam@hccac.org