



Thank you for your interest in the Northeast Texas Child Advocacy Center's Volunteer/Intern Program. Our volunteers and interns are a vital part of the success of our mission "Breaking the Cycle of Abuse, One Child at a Time".

What is the Northeast Texas Child Advocacy Center?

The NETCAC offers a safe child friendly environment to children between the ages of 2-17 who allegedly have been sexually or severely physically abused or have been a witness to a violent crime. The children who come to the NETCAC are allowed to tell their stories in a non-leading way to a trained forensic interviewer rather than having to repeat it multiple times to multiple agencies involved in the investigation and prosecution, therefore reducing the trauma to the child. NETCAC covers 8 counties: Camp, Delta, Franklin, Hopkins, Rains, Titus, Upshur and Wood.

Currently, we are able to offer these services free of charge, thanks to grant assistance, financial assistance from area businesses, gifts-in-kind, donations, community support, and the CAC board members, interns and volunteers.

Application requirements:

- Please print clearly, answer all questions and complete all pages, as incomplete applications will not be reviewed. Be sure to sign as Requestor on Background Check
- Applications must be mailed or delivered to:  
Volunteer Coordinator  
Mail: PO Box 484, Winnsboro, TX, 75494  
Deliver: *(leave at front office)* 5920 Hwy 37, Winnsboro, TX, 75494
- Your application/ background check will be reviewed and processed. This may take 2 weeks to a month, when you are cleared we will contact you for a meeting with staff member(s) according to your interests.



## APPLICATION

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

*Please print legibly*

Name: \_\_\_\_\_ Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # (s): \_\_\_\_\_

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**Areas of interests:**

**In-direct Service** - (not directly involved with the clients)

Area Events   
  Provide food for events   
  Public Speaking   
  Fund Raising   
  Maintain Facility  
 Computer Skills   
  Office Work/ Telephones   
  Facilitator (*Parenting*)   
  Other interests \_\_\_\_\_

**Direct Service** - (directly involved with clients and non-offending family members)

Facilitator (Youth Programs)   
  Assist Satellite Office (*Gilmer*)   
  Angel Tree  
 Child Guidance   
 Assist Counselors   
 Assist Family Advocates   
 Data Entry

**When are you available to volunteer:**   
 Mon   
 Tues   
 Wed   
 Thurs   
 Fri   
 Sat   
 Sun  
 Daytimes   
 Evenings   
 Flexible (*schedule changes weekly*)

**How did you learn about our volunteer program?**   
 Presentation   
 Professor   
 Flyer/Newspaper Article  
 Friend   
 NETCAC Volunteer (*give name*) \_\_\_\_\_   
 Other \_\_\_\_\_

**Please list strengths and skills:** (*ex. Computer skills, grant writing, child care, special education, public speaking, etc...*)

\_\_\_\_\_

\_\_\_\_\_

**Please list your gifts/ talents:** (*what is it that you truly love to do*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you able to commit to the NETCAC Volunteer/Intern Program for at least 6 months?  Yes  No

Are you willing to track and turn in your volunteer hours monthly?  Yes  No

Are you currently employed?  Yes  No Place of employment: \_\_\_\_\_

Are you currently attending school?  Yes  No Name of school: \_\_\_\_\_

Are you volunteering for class credit?  Yes  No If yes, name of class and instructor \_\_\_\_\_

Which language(s) do you speak/write fluently?  English  Spanish  Other \_\_\_\_\_

What experience would you like to gain from volunteering/ interning at NETCAC? \_\_\_\_\_

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 \_\_\_\_\_

g. Blind or hearing impaired persons?  Yes  No In what capacity? \_\_\_\_\_

h. Persons with a handicap?  Yes  No In what capacity \_\_\_\_\_

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

Do you have any current/past issues related to drugs, alcohol, stress or mental health?  Yes  No If "yes", please explain \_\_\_\_\_

## **References:**

~ All information must be complete ~

### **Character references:** *(list two, not related to you)*

1. Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_

How do they know you? \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_

How do they know you? \_\_\_\_\_

### **Professional references:** *(list two, not related to you)*

3. Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_

Supervisor: \_\_\_\_\_ How long there: \_\_\_\_\_ Job Title: \_\_\_\_\_

4. Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_

Supervisor: \_\_\_\_\_ How long there: \_\_\_\_\_ Job Title: \_\_\_\_\_

### **Have you or are you currently a volunteer (ed) with any other organization?** *(If yes, then fill out below)*

~ Mark N/A if Not applicable ~

Organization: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_

Supervisor: \_\_\_\_\_ How long there: \_\_\_\_\_ Volunteer jobs: \_\_\_\_\_

Organization: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ (City, State, Zip) \_\_\_\_\_

Supervisor: \_\_\_\_\_ How long there: \_\_\_\_\_ Volunteer jobs: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I have accurately completed this application with accurate information to the best of my knowledge. I understand that any false statement may disqualify or terminate me from the Volunteer/ Intern program. I also understand that this application is not a contract between Northeast Texas Child Advocacy Center and myself, and I may terminate my volunteer/intern services at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Non-Disclosure

I, \_\_\_\_\_, choose to allow / not to allow public access to my home phone number, my home address, my social security number or any information relating to my family.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Pledge of Confidentiality

I, \_\_\_\_\_, promise that I shall hold in confidence all pertinent information. I will not violate the confidential relationships between the Northeast Texas Child Advocacy Center (NETCAC) and Caring for Kids (CFK), its Volunteers, related agencies, courts, and all parties interviewed. I will not remove any written records from the office of NETCAC and CFK. I also understand that any information related to cases and/or clients with whom I come into contact with through records or through direct contact is highly confidential, and I am not to discuss it with any persons other than NETCAC and CFK staff and agencies directly related to the investigation of the case while they are at NETCAC and CFK. I accept full responsibility for maintaining the confidentiality and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this agreement.

I fully understand that failure to comply with the Northeast Texas Child Advocacy Center and Caring for Kids Confidentiality Policy may result in termination of my relationship with The Center. This agreement is entered into for the purpose of protecting the children and families who are served at the Northeast Texas Child Advocacy Center and Caring for Kids.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Child Abuse/Neglect Central Registry and DPS Criminal History Background Check

I, \_\_\_\_\_, understand that NETCAC will conduct a background check, prior to my volunteer/intern application approval and recheck every 2 years, with the Department of Protective and Regulatory Services and the Department of Public Safety. This is done to ensure that volunteers have not been convicted of any offense that would be potentially detrimental to the CAC program. CAC does not accept applicants if they have been convicted of or have prior charges, or have charges pending for a felony or misdemeanor involving a sex offense, violent act, child abuse or neglect, or related acts that would pose risks to children or to the program's credibility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date