



VOLUNTEER / INTERN APPLICATION

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 "To Bring Hope and Healing While Working Together to Break the Cycle of Abuse".

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 experiences 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.

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.

NETCAC covers 8 counties: Camp, Delta, Franklin, Hopkins, Rains, Titus, Upshur, and Wood.

Volunteer Requirements:

- Must be at least 18 years old.
- Complete and clear application, sex offender registry and background check.
- Make a minimum commitment of 6 months.
- Upon clearance, be available for a Center tour, training, and meeting with staff.

Intern Requirements:

- Social work internships (*pending Director approval*)

Application requirements:

- Please print clearly, answer all questions, and complete all pages, as incomplete applications may not be reviewed. Be sure to sign Section 7 on the Background Check form.
- Applications must be mailed or delivered to:
C/O: Volunteer Coordinator
Mail: PO Box 484, Winnsboro, TX, 75494
Deliver: 5920 Hwy 37, Winnsboro, TX, 75494 (*leave at front desk in a sealed envelope*)
- Your application and clearance 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.

NETCAC - VOLUNTEER / INTERN APPLICATION

Date: _____

Please print legibly.

Name: _____ Date of Birth: _____

Address: _____ City _____ State _____ Zip _____

Home/ Cell Phone: _____ Work/ Cell Phone: _____

E-mail Address: _____

Emergency Contact: Name _____

Relationship: _____ Phone # (s): _____

Areas of interests:

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

_____ Area Events/ Fund Raising _____ Provide food for events _____ Angel Tree _____ Public Speaking _____ Maintain Facility
_____ Computer Skills/ Office Work/ Telephones _____ Other interests _____

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

_____ Assist Satellite Office *(Gilmer and/or Emory)* _____ On Call *(after hours family assistance)* _____ Assist Staff as needed
_____ Internship *(upon approval of Director)* _____ Other interests _____

When are you available to volunteer: _____

How did you learn about our volunteer program? _____

Please list strengths and skills: *(ex. Computer skills, grant writing, 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:

RELEASE TO CONTACT REFERENCES

I, _____, hereby authorize the Northeast Texas Child Advocacy Center (NETCAC) to contact personal references listed on this form and understand that the NETCAC will not be held liable for the release of this information. *Volunteer Signature* _____ *Date* _____

Please provide the NAME and EMAIL address of at least three personal/business/work references that are NOT related to you.

Character references:

1. Name _____ **Email** _____

Address: _____ Telephone # _____

How do they know you? _____

2. Name _____ **Email** _____

Address: _____ Telephone # _____

How do they know you? _____

3. Name _____ **Email** _____

Address: _____ Telephone # _____

How do they know you? _____

4. Name _____ **Email** _____

Address: _____ Telephone # _____

How do they know you? _____

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

Organization _____ **Email** _____

Supervisor: _____ Telephone # _____ How long there: _____

Volunteer jobs: _____

Organization _____ **Email** _____

Supervisor: _____ Telephone # _____ 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), its Volunteers, related agencies, courts, and all parties interviewed. I will not remove any written records from the office of NETCAC. 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 staff and agencies directly related to the investigation of the case while they are at NETCAC. 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 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.

Signature

Date

Child Abuse/Neglect Central Registry, DPS Criminal History and Sex Offender Registry 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, the Department of Public Safety, and the Sex Offender registry. This is done to ensure that volunteers/ interns 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

*PLEASE NOTE: If you are not cleared through the Child Abuse/Neglect Central Registry and/or the Texas Department of Public Service Criminal history check, a representative from DFPS will contact you directly (via mail, email or phone call) to discuss if there are any discrepancies.