



The Children's Assessment Center

PLAYROOM VOLUNTEER APPLICATION

It is a normal part of The Children's Assessment Center procedure to reserve the right to make such checks as deemed appropriate on the suitability of any new volunteer for the important responsibility of work involving children. Every volunteer applicant is subject to a Criminal and CPS background check. It is our policy to treat volunteers with all the consideration given professionals. All information provided by you is confidential and will be used solely for the purpose of deciding in which areas you work best.

Date Completed: _____

BIOGRAPHICAL INFORMATION

Name: _____ Date of Birth: _____

Address (home): _____

City, State Zip: _____

City and State of Birth: _____

Ethnicity: _____ Gender: _____ Social Security #: _____

U.S. Citizen: YES NO Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Valid Driver's License #: _____ State of Issue: _____ Auto Insurance: YES NO

Cell Phone #: _____ Work Phone #: _____

Email Address: _____

Emergency Contact Name: _____

Relationship: _____ Phone #: _____

2500 Bolsover, Houston, Texas 77005
Phone 713-986-3300 Fax 713-986-3553
www.cachouston.org

Family Information:

Marital Status: _____ If married, spouse's name: _____

List Names and ages of all children:

Name: _____ Age: _____

Community Involvement:

How long are you likely to remain in this community? _____

List community, social, fraternal and school organizations in which you have participated:

Organization	Position	Supervisor Name	Dates

Have you or any member of your family ever received any services through The Children's Assessment Center?

YES NO

If yes, list who received the services, what services were received and when:

List any physical limitations:

Have you ever received mental health counseling?

YES NO

Employment History:

Current Employment Status: (circle one)

Unemployed

Full Time

Part Time: Hours/Week _____

Retired

List the last three places of employment:

Company	Position & Supervisor Name	Employment Dates	Reason for Leaving

Educational History:

Are you currently a student? No

Full Time

Part Time: Hours/Week _____

Name of School	Address	Year Attended	Major / Degree
HIGH SCHOOL:			
COLLEGE:			
OTHER:			

Volunteer History:

List any past or current volunteer placements:

Organization	Position	Supervisor Name	Dates

What did you like about your previous volunteer positions?

What did you not like about your previous volunteer positions?

What kind of volunteer work are you most interested in?

What kind of volunteer work are you willing to perform?

How did you hear about our volunteer program?

Complete the following statements:

• I am effective working with young people because I _____

• I might have problems working with young people because I _____

• I am interested in volunteering at The CAC because I _____

Availability:

Amount of time you would like to volunteer per month: _____

Preferred days and times: _____

List any hobbies or special talents you would like to share with our kids in the playroom:

Do you speak Spanish?

YES NO

References: (we will contact each of the people listed here)

List 3 people other than relatives who are familiar with your qualifications and characteristics of at least 1 personal and 2 professional. Please only list people you have known for at least 1 year and with whom you have had recent contact.

Name	Mailing Address (STREET, CITY, STATE, ZIP)	Phone Number	Relationship to you

Criminal History: (We will run criminal and CPS background checks on every applicant)

Have you ever been arrested for a felony or misdemeanor other than traffic violations?

YES NO

If yes, please explain:

Have you ever been suspected, investigated, or arrested for child molestation, sex offenses of any kind and or physical abuse?

YES NO

If yes, please explain:

Do you presently have a child involved in the Criminal Justice System?

YES NO

SIGNATURE OF APPLICANT _____



The Children's Assessment Center

CONFIDENTIALITY STATEMENT

Upon signing this statement, I, _____,
agree to maintain strict confidentiality of all information pertaining to cases coordinated at The
Children's Assessment Center.

To maintain confidentiality means that I will not discuss any case with a spouse, children, friends
or relatives. I may only discuss cases with The Children's Assessment Center staff, caseworkers,
volunteers or other persons who are party to the case.

I fully understand that failure to comply with The Children's Assessment Center's
Confidentiality Policy shall result in termination of my relationship with the Children's
Assessment Center. This agreement is entered into for the purpose of protecting the children and
families who are served at The Children's Assessment Center.

Signature

Date



The Children's Assessment Center

FELONY CONVICTION INFORMATION STATEMENT

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

I agree to inform The Children's Assessment Center if this information changes anytime during my participation with The Children's Assessment Center.

Signature

Date

- A. Prohibition from serving in any capacity as a volunteer in a child-placing agency for any person convicted within the previous 10 years of:
1. Any felony or misdemeanor classified as an offense against the person or family;
 2. Any felony or misdemeanor involving public indecency;
 3. Any 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.
- B. Reassignment or removal from contact with children of any person involved in child care or child placing for any of the following reasons:
1. Any 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 Substance 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.

(See attached list for offenses against the person or family or of public indecency)

CRIMINAL OFFENSES FROM THE TEXAS PENAL CODE

Title 5. Offenses Against the Person

Murder

Capital murder

Voluntary manslaughter

Involuntary manslaughter

Criminally negligent homicide

False imprisonment

Kidnapping

Aggravated kidnapping

Aggravated sexual assault

Sexual assault

Aggravated sexual abuse

Sexual abuse

Homosexual conduct

Public lewdness

Indecent exposure

Sexual assault of a child

Indecency with a child

Assault

Deadly assault on a peace officer

Injury to a child

Reckless conduct

Terrorist threat

Aiding suicide

Tampering with consumer products

Title 6. Offenses Against the Family

Bigamy

Incest

Interference with child custody

Injury to a child

Abandonment/Endangerment of a child

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

Sale, distribution or display of harmful material to a minor

Obscenity

Possession/promotion of child pornography

Sexual performance by a child

