



## VOLUNTEER PROGRAM

### Program Mission:

*To provide diverse and flexible opportunities to those interested in volunteering their time and unique talents towards the fight against child abuse.*

Thank you for choosing Harmony Home as the recipient of the most valuable assets you possess, your time! As a volunteer you will join thousands of others who donate their time and talents to non-profits every year. Without you and people like you, Harmony Home would never be able to serve the number of children it does. Everything you do for us, in some way, helps a child who has suffered through the nightmare of abuse. What a wonderful thing that is, and I guarantee that every bit of what you give will be returned two fold!

Harmony Home depends heavily on volunteers to support its Mission. As a volunteer, you will be trained to help with our families in the playroom or with fundraising and community outreach efforts. We offer many opportunities for those available on a daily, weekly, or monthly basis. Some of our primary positions include:

**Family Greeters:** Family Greeters interact with the children and families in the play room. They help us keep a warm, friendly atmosphere while supervising all playroom activities. Some of these include: playing in the playhouse, coloring, playing games, reading, watching movies, offering snacks in the kitchen...etc.

**Clerical Support:** Clerical Support volunteers assist the staff with light office work. Activities may include filing, mailing, making copies, faxing documents, organizing, and working on specific projects.

**Special Events Support:** This position is great for those who work or have other commitments during the week. Special event volunteers are recruited throughout the year to assist with annual events and fundraisers. Our major events include: Annual Super Bowl Party, "Tee up Fore Kids" Blue Ribbon Golf Classic, "Pulling for Kids" Sporting Clay Shoot, Blue Ribbon/Awareness Campaigns, Child Abuse Awareness Coloring Contest, "Adopt-a Family for Christmas", and some community health fairs. Other special events and projects may develop throughout the year that would require volunteer assistance as well.

We want to make it as easy as possible to become a volunteer. Those interested in helping at the center will need to complete the attached volunteer application and background check. Feel free to call me at 432-333-5233 if you have any questions. I hope this will be a rewarding and satisfying experience!

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Please return application & background check to:

**Hannah Mitchell  
Harmony Home CAC  
PO Box 3087  
Odessa, TX 7970**

**910-C South Grant  
Odessa, TX 79761**

**Fax: (432) 333-5233  
Email: [hannah@hhcac.org](mailto:hannah@hhcac.org)**

For more information concerning Harmony Home and its services, please call (432) 333-5233 / (432) 580-5233 or visit us on the web at [www.ohhcac.org](http://www.ohhcac.org)

Follow us!



@hhcac

## HARMONY HOME CAC VOLUNTEER APPLICATION

Name \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

If less than 3 years at this address, please list a prior address:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How did you learn about Harmony Home? \_\_\_\_\_

### Emergency Information

In case of an emergency during any volunteer placement, please notify:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

### Education

(Circle the highest completed)

High School    9   10   11   12

College        1   2   3   4   Degree \_\_\_\_\_

Graduate School 1   2   3   4   Degree \_\_\_\_\_

Most Recent School \_\_\_\_\_ Field of Study \_\_\_\_\_

If you have education beyond high school, describe major areas of interest, special training, or certification

\_\_\_\_\_

\_\_\_\_\_

### Language

Are you fluent in any languages other than English? Yes No

If yes, which language(s)? \_\_\_\_\_

### Employment

If currently employed, please complete the following:

Occupation/Title \_\_\_\_\_ How long employed? \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor \_\_\_\_\_

Please list any special skills, hobbies, or interests you may have that may be helpful in your volunteer service.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Further Information**

If you have had a personal experience involving any of the following, please describe:

- **Child Welfare**

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- **Juvenile Court**

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- **Foster Care**

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- **Other agencies offering services to children**

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**Write a brief statement concerning why you have chosen to volunteer at a child advocacy center.**

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**Please list strengths that you will bring to the volunteer program.**

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**What are your primary concerns about becoming a Harmony Home volunteer?**

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**Is there anything else about your personal history that you would like to share? If so, please feel free to write here, or share verbally at your interview.**

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**Felony Conviction Information**

Harmony Home Children's Advocacy Center works in conjunction with law enforcement and state and county agencies involved in the legal process. Therefore, it is required that all volunteer applicants complete this form.

**1. I have \_\_\_ have not \_\_\_ been convicted of a felony or a misdemeanor.**

**If yes, please explain:**

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**2. I am \_\_\_ am not \_\_\_ currently under indictment or charged in an official criminal complaint accepted by a district or county attorney.**

**If yes, please explain:**

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**3. I have \_\_\_ have not \_\_\_ ever been prohibited from serving in any capacity as an employee or volunteer with any agency or company.**

**If yes, please explain:**

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**4. I have \_\_\_ have not \_\_\_ ever been reassigned, removed, or asked to leave any position involving contact with children.**

**If yes, please explain:**

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I have read this form in its entirety and understand that Harmony Home may verify the information, and that the admission of any false information or the omission of any requested information is cause for the immediate dismissal from volunteer placement. I agree to inform Harmony Home if any of the above information changes during my service as a volunteer.

**Volunteer Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Volunteer Statement**

I hereby acknowledge and understand that with the completion of this application, I give my permission to Harmony Home Children's Advocacy Center, and its authorized agents, to access information with regard to criminal history, employment history, and other information that may be appropriate to my qualifications to serve in the Harmony Home CAC volunteer program.

I further understand that Harmony Home CAC has the right to the following actions: review this application and all subsequent information, unconditionally accept or reject my application, and terminate my volunteer placement at any time. I also understand that I will return any and all properties issued to me by Harmony Home CAC during the course of my volunteer service with Harmony Home CAC.

I agree that upon placement, I will perform my volunteer duties without compensation, and that in doing so, I am not acting as an employee or official representative of Harmony Home CAC.

I understand and agree to abide by the regulations and policies of Harmony Home CAC that specify that the disclosure of the contents of any communications, records, or files is strictly prohibited, except for purposes directly connected with the administration of Harmony Home CAC, for the protection of all served.

I understand that after successfully completing my personal interview, orientation, training, and placement, I will be expected to complete a minimum of (1) year as a Harmony Home CAC volunteer. If unforeseen circumstances should prevent me from fulfilling my obligation, I will submit my written resignation to the Volunteer Coordinator with as much advance notice as circumstances permit.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## REQUEST FOR CENTRAL REGISTRY AND CRIMINAL HISTORY BACKGROUND CHECKS

**Purpose:** Representatives of Big Brothers and Big Sisters of America and Children's Advocacy Centers of Texas use this form to request the following background checks for potential and current volunteers, employees, and board members:

- A criminal history background check from the Texas Department of Public Safety (DPS).
- A child abuse and neglect Central Registry background check from the Texas Department of Family and Protective Services (DFPS).

**Directions:** The subject of the background check completes the following sections:

- *Section 1: Personal Information*
- *Section 2: Previous Places of Residence*
- *Section 6: Signatures*

The designee must do the following:

- Make sure the subject of the background check provided complete and accurate information in Sections 1 and 2 and signed and dated Section 6. The designee verifies the information by viewing official documents provided by the subject of the check, such as a driver's license or Social Security card.
- Complete *Section 3: Designee*.
- Enter the background check for the subject of the request in the Automated Background Check System (ABCS) for the associated account.

For additional questions, contact Background Checks at the following:

Email: [CACTXBGCREQUEST@dfps.state.tx.us](mailto:CACTXBGCREQUEST@dfps.state.tx.us)

Mail: DFPS Background Checks M/C 121-7; PO BOX 149030, Austin, TX 78714-9030

Fax: 512-339-5831

### SECTION 1: NAME

| First Name:                                                                                                                                      | Middle Name:                            | Last Name:       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------|
|                                                                                                                                                  | <input type="checkbox"/> No Middle Name |                  |
| Have you ever used any other first, middle, or last names (such as a nickname, a married or maiden name, or a different spelling for your name)? |                                         |                  |
| <input type="checkbox"/> Yes                                                                                                                     |                                         |                  |
| <input type="checkbox"/> No                                                                                                                      |                                         |                  |
| If you answered Yes above, you must list every other name you have used.                                                                         |                                         |                  |
| OTHER FIRST NAMES                                                                                                                                | OTHER MIDDLE NAMES                      | OTHER LAST NAMES |
|                                                                                                                                                  |                                         |                  |
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**SECTION 2: OTHER PERSONAL INFORMATION**

|                                                                                   |                                                                                                                           |                                                                                                                                                              |               |                                                                             |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------|
| Home Street Address:                                                              |                                                                                                                           | City:                                                                                                                                                        | State:        | Zip Code:                                                                   |
| County of Residence:                                                              |                                                                                                                           | Date of Birth:                                                                                                                                               | Phone Number: |                                                                             |
| Social Security Number (if no SSN, provide alternate document name and ID number) |                                                                                                                           | Driver's License Number and State:                                                                                                                           |               | Gender:<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| Ethnicity:<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Other | Race:<br><input type="checkbox"/> White<br><input type="checkbox"/> Black<br><input type="checkbox"/> Unable to Determine |                                                                                                                                                              |               |                                                                             |
|                                                                                   |                                                                                                                           | <input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Native Hawaiian or Pacific Islander |               |                                                                             |

**SECTION 3: PREVIOUS PLACES OF RESIDENCE**

Have you lived outside the state of Texas in the past two years?  
 Yes  No

If you answered Yes above, list each place you lived outside of Texas within at least the past two years. Provide the complete address and the dates you lived there (continue on the back as needed).

| FULL ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE) | DATES (MM/YYYY - MM/YYYY) |
|--------------------------------------------------|---------------------------|
|                                                  |                           |
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**SECTION 4: DESIGNEE**

|                                                   |                |
|---------------------------------------------------|----------------|
| Full Name:                                        | Email Address: |
| Name of the Organization the Designee Represents: |                |





**SECTION 5: NOTE TO THE SUBJECT OF THE BACKGROUND CHECK**

A person is listed in the DFPS Central Registry when all the following occur:

- The person has been investigated for child abuse or neglect by Child Protective Services (CPS), Child Care Investigations (CCI), or HHSC Provider Investigations.
- The investigation resulted in a disposition of *Reason to Believe* for CPS and CCI cases or *Confirmed and Validated* for HHSC Provider Investigations cases.
- The person is listed as a designated perpetrator or sustained perpetrator.

Cases involving adult victims are not included in the DFPS Central Registry.

In addition, a person will not clear the Central Registry check if that person is involved as an alleged perpetrator in an open child abuse or neglect investigation being conducted by DFPS. A new Central Registry check may be requested at the end of the investigation to determine whether the person has been listed as a designated perpetrator on the DFPS Central Registry.

As the subject of this background check request, you have the right to review the results of this check. If the Central Registry identifies you as a person who has been found to have abused or neglected a child, DFPS only sends the results directly to you by mail or email. You have the option to share these findings with the organization listed above (see Section 3).

The criminal history check from DPS includes all Texas-based arrests and dispositions, including both convictions and cases with unknown dispositions. In some cases, the search produces juvenile criminal history results.

Information about unknown dispositions may not be current. If the results returned from DPS include an unknown disposition or to dispute the criminal history record, visit the [DPS Criminal History Error Resolution](#) webpage for more information on how to update the criminal history record.

**SECTION 6: PRIVACY STATEMENT**

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).

**SECTION 7: SIGNATURE**

**Only the subject of the background check can sign this form.**

I am the person listed above in Section 1 of this form. The information in this document is correct, and I am a prospective or current volunteer, employee, or board member of the organization listed in Section 3.

I agree to update the organization of any changes to the information above.

I give permission to the organization listed in Section 3 to request a Central Registry child abuse and neglect background check and a DPS criminal history background check, as well as any subsequent checks so long as I am active with that organization.

I authorize DFPS to send the results of this background check via email, and I acknowledge that DFPS cannot guarantee that information sent electronically is secure and accessible only to approved parties.

I understand that the information I am providing will be part of any request and that providing false information is a violation of Texas Penal Code Section 37.10.

By law, any information obtained through DFPS is confidential information and is personal in nature. I understand that I may have access to or may view confidential and sensitive information. I will not disclose confidential information to other people and under no circumstances will I intentionally access confidential information for any purpose other than in the performance of my assigned job duties.

Signature:

X

Date Signed: