



## Volunteer Form

Address: 2100 N Stevens  
Phone Number: (915) 562-7955  
FAX Number: (915)562-2524

The following information is to help complete the Volunteer process.

It is mandatory to complete the following for you to attend the Volunteer Orientation. Once you have completed the list below and attend orientation you will be ready to volunteer or start employment with The Child Crisis Center of El Paso.

1. Complete Application.
2. Bring your TB (tuberculosis) test with negative results. (Resources below)
  - a. Health Department (915)-212-0200
  - b. Immunize El Paso (915)-533-3414
  - c. Concentra ((15)-772-2111
3. Take a drug test referral form (Results will be CCC via email)
4. Last step is FBI Fingerprints (\$39.00-\$44.00)
  - a. Register to make appointment [www.identago.com](http://www.identago.com)
  - b. Click on TX
  - c. Use service code for Volunteers-**11BR7S**

If you have any problems registering, please call Crystal Gurrola at (915)-562-7955

**\*\*We will contact you for the next Volunteer Orientation held once a month.\*\***

## Volunteer Application

First Name:		Last Name:			
Today Date:		Date of Birth:			
Address:					
City :		State:		Zip Code:	

## Employment

Place of Employment		Phone Number:			
Title:		Can we contact previous employer?			
Employers Address:					
City :		State:		Zip Code:	

## Emergency Contact

First Name:		Last Name:			
Relationship:		Phone Number:			
Address:					
City :		State:		Zip Code:	

## References

First Name:		Last Name:	
Relationship:		Phone Number:	
First Name:		Last Name:	
Relationship:		Phone Number:	

## **Child Crisis Center Policies for Volunteers**

- Prospective volunteer/interns are required to attend a 4 hour orientation which is presented once a month.
- Prospective volunteers/interns must sign a confidentiality agreement at the time of application.
- All prospective volunteers/interns must sign a confidentiality agreement at the time of application.
- All prospective volunteers/interns must clear a criminal background and central registry check with fingerprints, negative TB results, and cleared drug screening at their own cost before they may volunteer/intern at The Child Crisis Center of El Paso.
- Volunteer policies are provided to all prospective volunteers/interns at orientation. The policies will be reviewed at orientation.
- At orientation all prospective volunteers/interns must sign a job description. Volunteers/Interns are responsible for signing in/out at the volunteer station.
- All volunteers/interns must wear a name tag or vest provided by center.
- Volunteers/Interns are welcome to attend all training presented by Center Staff. Prior approval must be obtained by the volunteer/intern coordinator.
- Cell phone use must be kept only during break time. Calls should be for emergency or other high priority reasons.
- For use of other office landlines permission must be obtained from staff.
- Use of alcohol while on duty is prohibited. The use of alcohol or discernable smell of alcohol on any volunteer/intern will result termination from volunteer/intern program. Volunteers and interns are welcome to eat with staff and children at the facility.
- All volunteers/interns must speak appropriately around children and staff. Use of profanity or obscene gestures will be grounds for termination.
- Volunteers/Interns must always be in sight of center staff when interacting with children.
- Volunteer/Interns are always under the supervision of center staff.
- Volunteers are not allowed to read logs or children's records. Center staff will provide necessary information to volunteers so they may provide appropriate care to the children.
- Violation of confidentiality policy/agreement shall result in termination.

## Background Disclosure Authorization

I hereby authorize any investigator or duly accredited of The Child Crisis Center of El Paso bearing this release to obtain any information from schools, residential management, agents, employers, criminal justice agencies, or individuals relating to any activates. This information may include but is not limited to academic, residential, achievement, performance attendance, personal history, disciplinary, arrest, and convictions records. I hereby direct you to release such information upon request of the bearer; I understand that the information released is for official use by the Child Crisis Center and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians from any and all liability for damages of whatever kind or nature which may at any time result from me on account of compliance, or any attempts to comply, with this authorization.

By my signature I understand the Child Crisis Center will be conducting a background check to include but not limited to professional references and verification of past employments. A criminal background check will be conducted in accordance with the Texas Department of Protective and Regulatory Services licensing standards:

"No one may serve as staff member working with children who has been convicted within the preceding ten years of any felony classified as an offense against the person or the family, or of public indecency or of violation of the Texas Controlled Substance Act, or of any misdemeanor classified as offenses against the person or family or of public indecency, unless the Director of Licensing has ruled that proof of rehabilitation has been established."

Printed Name:		Date:	
Signature:			

## Consent to Drug/Alcohol Testing

I understand it is the policy of The Child Crisis Center of El Paso to conduct drug and/or alcohol test of job applicants for the purpose of detecting drug and/alcohol abuse, and that one of the requirements for consideration of employment with The Child Crisis Center of El Paso is the satisfactory passing of the company's/or organization's drug and/or alcohol test(s).

For the purpose of being further considered for employment, I hereby agree to submit to a drug and/or alcohol test.

If I am accepted for employment, I agree to take drug and/or alcohol tests whenever requested by the Child Crisis Center of El Paso, and I understand that the taking of such test is a condition of my continued employment.

I also give consent to the testing agency to release to The Child Crisis Center of El Paso and other officially interested parties the result of my tests and other test-related information.

At this time I consent to a drug and/or alcohol test.

Printed Name:		Date:	
Signature:			

# Dress Code

Volunteers should wear comfortable and appropriate clothing, for safety purposes high heels, sandals, or open toe shoes are not allowed. Tank tops, spaghetti straps, short skirts, shorts and long tangling jewelry should not be worn. Long hair should be worn up in a bun or tied up in a ponytail.

Printed Name:		Date:	
Signature:			

# The Child Crisis Center Statement of Confidentiality

As a volunteer, I hereby agree, at all times to respect the confidential nature of any and all information I am privileged to know or have access to regarding the children and or parents involved in our program. I further understand that as a volunteer, I have committed responsibility to all parents that place our children in our program Texas Department of Child Protective and Regulatory Services cases/respite care children/parenting education groups, and to respect the anatomy of each individual. I will honor the confidential nature of all that transpired in the center/group sessions whether it be verbal or action related nature. I further understand that I am committed to following The Texas Family Code regarding suspect or revealed child abuse. Any and all suspected abuse is to be reported immediately to the Executive Director of The Child Crisis Center

By my signature bellow, I hereby agree to, and will abide by, all of the terms as I set out in the statement of confidentiality.

Printed Name:		Date:	
Signature:			

Are you volunteering for school credit?  No  Yes

Yes please complete the following:

Name of Instructor:		Phone Number:	
Number of hours required:			

How did you hear about the Child Crisis Center Volunteer Program?

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Have you ever been convicted of a felony?  No If yes explain?

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Are you currently serving probation?  No If yes explain?

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## Individual's Identification Information

First Name:	Middle Name:	Last Name:
List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provided every name that the individual has used, you may receive inaccurate results.		
Other First Name:	Other Middle Name:	Other Last Name:
Address:		
City:	State:	Zip Code:
List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years:		
Ethnicity (must accompany race):	Race:	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Black	<input type="checkbox"/> Native Hawaiian/Pacific Islander
	<input type="checkbox"/> Asian	
Social Security Number:	Photo ID Type: <input type="checkbox"/> Driver License <input type="checkbox"/> State ID	
	Number:	State:
Date Hired or Used by the Operation or Agency:		
Contact Information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred Method of contact for scheduling fingerprint appointment:		
<input type="checkbox"/> Email:		
<input type="checkbox"/> Telephone number:		