



Hunt County Children's Advocacy Center Crisis Center of Northeast Texas

PO Box 8692 Greenville, TX 75404

(903)454-9999 Fax (903)454-9990

Dear Prospective Advocate,

Thank you for your interest in the Hunt County Children's Advocacy Volunteer Advocacy Program. I believe that time is one of the most valuable gifts that we have to give someone else, so I appreciate your interest in helping us provide services to child victims of abuse and adult victims of sexual assault. Enclosed you will find general information about the Advocacy Program, information on our training program, and an application.

Sexual abuse is an issue that people generally try to pretend does not exist, but regardless of whether or not we want to admit the seriousness and prevalence of the problem, women, men, and children are sexually abused and live with the painful scars and memories every day. According to the Rape, Abuse, and Incest National Network (RAINN), **"Every two minutes, somewhere in America, someone is sexually abused."** Sexual abuse shatters the lives of victims, their families and friends. Whether you are a survivor yourself, you know someone else who has been a victim, or you simply want to help, sexual abuse affects us all.

Volunteers at the Hunt County CAC / CCNETX have several opportunities to influence our community. Volunteer opportunities consist of:

1. **Hotline advocates** provide crisis intervention & support to callers on the 24-hour hotline. For your convenience, the hotline is forwarded to an answering service that will patch calls through to advocates.
2. **Hospital advocates** provide support & crisis intervention to victims and their families at local hospitals.
3. **Office assistants** provide much needed support for our office personnel.
4. **Special events volunteers** assist with special events and fundraisers.
5. **Prevention & outreach volunteers** assist with presentations to the community & networking with agencies in Hunt County.
6. **Pet Therapy Partners** are certified with their animals through Pet Partners (formally known as the Delta Society) to provide emotional support to children in crisis situations.

Please know that you are not only needed, but you can provide crucial, compassionate support and crisis intervention to both child and adult victims of sexual assault; you can truly make a difference in the lives of victims. Due to the nature of our work, there are a few requirements that must be met to volunteer at our agency.

1. **Be at least 18 years of age.**
2. **Fill out a volunteer application, confidentiality statement, and clear a DPS Criminal, DFPS Abuse/Neglect and Sex Offender Registry background check.**
(Must not have DUI/DWI charges, child abuse or sexual assault charges or allegations, and no charges of crimes against persons; re-screened at minimum every 3 years)
3. **Complete a pre-training interview with the Volunteer Coordinator**
4. **Complete a state mandated training course at no charge to you.**

5. Submit three letters of reference. (The form you can have filled out by each of your references is included in this packet.)

The staff at the CAC strives to provide quality services to victims of sexual assault and child abuse and to promote safer communities through prevention, education, awareness and community involvement. It is our mission to empower victims to become survivors; all volunteers and staff members who have direct contact with clients are required to complete a state-certified training program that includes presentations on such topics as sexual assault, child sexual abuse, crisis intervention techniques, post-traumatic stress disorder (PTSD), handling suicide calls, crisis call procedures, advocate self-care, grief and healing, domestic violence and domestic violence crisis intervention, role plays, and diversity training. Our training is a time-intensive but rewarding experience that will prepare you to effectively assist and advocate for survivors of sexual assault. The training may be scheduled on evenings and weekends to accommodate most work schedules and thoroughly prepares volunteers to handle crisis calls and assist survivors of recent sexual assault at emergency departments in Hunt County (Hunt Regional locations at Commerce, Greenville and Quinlan; Quality ER in Greenville.) Moreover, it provides information specific to the diverse and unique population of Hunt County.

Once you have completed the initial training, the time commitment to the Advocacy Program becomes much more manageable, consisting of a mandatory one hour-long quarterly meeting, and a minimum of **three hotline shifts per month**, which can be done from home. Required quarterly meetings feature debriefing sessions and educational in-services to keep advocates up-to-date on new developments and provide ongoing support for this challenging role. Advocates at the Center take voluntary on-call shifts from their homes, assuming responsibility for a minimum of three shifts per month. In addition, advocates also provide crisis advocacy services at Hunt Regional Medical Center in Greenville, Commerce and Quinlan and Quality ER in Greenville, with the Sexual Assault Nurse Examiner to assist survivors of recent sexual assault. The role of the advocate is to provide information and resources, normalize callers in crisis, and give unbiased emotional support to survivors of sexual assault and their families.

Volunteering with the Center is not only a way to help those in crisis; it is an opportunity to join a helping community of dynamic people. The work is difficult at times, but the rewards are many. Volunteer Advocates are the backbone of our agency and provide a round-the-clock safety net for those in crisis. Through training and ongoing education, our volunteers enhance existing skills and learn new ones to offer professional and compassionate crisis intervention services for the Hunt County community.

To begin the application process, please complete the enclosed form; then return it to me by fax, email or you may bring to the Center; please call for physical address. Thank you for your interest in volunteering at Crisis Center of Northeast Texas dba Hunt County Children's Advocacy Center. I look forward to welcoming you into our advocacy group.

Sincerely,

Maci Burt, CA
Client Services Manager

Please complete the attached application and return it to the Advocacy Center as soon as possible. The application can be returned before the references are received, however, **references may not be completed by family members** and if you are employed, one reference must be from your current employer.



Hunt County Children's Advocacy Center Volunteer Application

PO Box 8692 Greenville, TX 75404

(903)454-9999 Fax (903)454-9990

Personal Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

Hunt County Children's Advocacy Center performs background checks on all employees and volunteers

Date of Birth	
Social Security #	
Driver's License #	State
Has your license ever been revoked or suspended? YES NO	

Education

Highest Level of School Completed						
High School	9	10	11	12	Graduated	
College	Some College	Associate's	Bachelor's	Master's	Other	
Course of Study						
Diploma/Degree						
Licenses/Other Credentials						

Employment

Current Occupation	
Employer	
Address	
Work Phone	
Supervisor	
Work E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

Interests

Advertising/Promotion Clerical Assistance Fundraising
 Hotline Advocate Prevention and Education Pet Therapy

Please note: **All volunteers** MUST participate in a State certified training course provided by our center.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Other Information

How did you learn about the Hunt County Children's Advocacy Center?

Have you been convicted of a crime? YES NO If yes, please describe in full. (ex: Misdemeanor, Felony, DWI/DUI)

Person to Notify in Case of Emergency

Name	
------	--

Street Address	
----------------	--

City ST ZIP Code	
------------------	--

Home Phone	
------------	--

Work Phone	
------------	--

E-Mail Address	
----------------	--

Agreement and Signature

Name (printed)	
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Signature	
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Date	
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Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.



Hunt County Children's Advocacy Center

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Request for Child Abuse/Neglect Central Registry, DPS Criminal History, and National Sex Offender Registry Check

Purpose: The purpose of this form is to grant representatives of Hunt County Children's Advocacy Center / Crisis Center of Northeast Texas permission to request, on behalf of the potential and current volunteers, employees, and board members:

- A criminal history check from the Texas Department of Public Safety (DPS)
- A check from the Texas Department of Family and Protective Services (DFPS) Central Registry of Child Abuse and Neglect.
- A check from the National Sex Offender Registry

First Name		Middle Name	Last Name		
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
Residence Street Address			City	County	State Zip Code
Residence Telephone No.	Date of Birth	Gender: <input type="checkbox"/> M <input type="checkbox"/> F		SSN	
Driver's License Number:			State of Issuance:		
Email Address:					
<input type="checkbox"/> Am Indian/AK Native (Hispanic)	<input type="checkbox"/> Am Indian/AK Native (non-Hispanic)	<input type="checkbox"/> Asian/Oriental (Hispanic)		<input type="checkbox"/> Asian/Oriental (non-Hispanic)	
<input type="checkbox"/> Black (Hispanic)	<input type="checkbox"/> Black (non-Hispanic)	<input type="checkbox"/> Black-White (Hispanic)		<input type="checkbox"/> Black-White (non-Hispanic)	
<input type="checkbox"/> Other (Hispanic)	<input type="checkbox"/> Other (non-Hispanic)	<input type="checkbox"/> White (Hispanic)		<input type="checkbox"/> White (non-Hispanic)	
<input type="checkbox"/> Nat Hawaii/Pac is (Hispanic)		<input type="checkbox"/> Nat Hawaii/Pac is (non-Hispanic)			
<input type="checkbox"/> Unable to Determine (or, none of the above)					
List other places you have resided (for a minimum of the past 5 years - continue on back as needed)					

Signatures

- I am the person listed above. The information in this document is correct and I am a prospective or current volunteer, employee, or board member of the Organization listed above. I agree to update the Organization of any change in the information above.
- I grant permission to the volunteer organization to request a Child Abuse/Neglect Central Registry and a DPS Criminal History check as well as any subsequent checks so long as I am active with that agency.
- 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.

Signature

Date



Hunt County Children's Advocacy Center

Advocate Reference

PO Box 8692 Greenville, TX 75404

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_____ has given your name as a reference for working/volunteering at our organization. Our agency serves child victims of abuse and adult victims of sexual assault, so it is important that our advocates are *trustworthy, careful in keeping confidences, good listeners, dependable, and compassionate*. Please fill out this brief questionnaire and mail back to us within *10 days*. If you have questions/concerns, please call.

I hereby waive my rights to access any and all letters or statements of recommendations which may be submitted by the above listed reference in connection with my application for volunteer service to the Hunt County Children's Advocacy Center.

Signature of Applicant

Date

1. How long have you known the applicant? _____

2. How well do you know the applicant? Casual Well Very Well

3. How do you know the applicant? Personal Business Other

If other, please explain:

4. Do you have knowledge of how the applicant relates to people?

Yes No

If yes, please give a short descript of your impression:

5. To your knowledge, has the applicant ever had an alcohol or drug problem?

Yes No

If yes, please explain:

(See other side)

6. To your knowledge, has the applicant ever been a suspect in an abuse or sexual violation?

Yes No

If yes, please explain:

7. To your knowledge has the applicant ever been arrested for a misdemeanor or felony crime?

Yes No

If yes, please explain

8. Please circle your answers. Rate the applicant using the following scale:

1= No Opportunity to Evaluate **2**= Poor **3**=Marginal **4**=Acceptable **5**=Good **6**=Superior

Acceptance of people who are different from him/herself	1	2	3	4	5	6
Ability to organize and carry through with tasks	1	2	3	4	5	6
Judgment in making decisions	1	2	3	4	5	6
Ability to accept supervision	1	2	3	4	5	6
Ability to handle pressure/crisis situations	1	2	3	4	5	6
Personality compatible with working with people	1	2	3	4	5	6
Verbal communication skills	1	2	3	4	5	6
Written communication skills	1	2	3	4	5	6
Demonstrates appropriate assertiveness	1	2	3	4	5	6
Demonstrates an understanding of how he/she is perceived by others (self-awareness)	1	2	3	4	5	6

9. Describe notable STRENGTHS you believe the applicant possesses:

10. Describe notable WEAKNESSES you believe the applicant possesses:

Thank you for your cooperation.

Reference Name _____

Address _____ City _____

State _____ Zip _____ Day Phone Number _____

By signing below I acknowledge the above statements are true and correct to the best of my knowledge.

Reference Signature

Date



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