



**PALUXY RIVER**  
CHILDREN'S ADVOCACY CENTER

Thank you for your interest in joining the volunteer team at Paluxy River Children's Advocacy Center (PRCAC). Our volunteers have a direct impact on the lives of our community's most vulnerable victims. From greeting child clients and their families at our facility to helping with fundraisers and awareness activities, we need your help. Volunteers make such a difference in the lives of the children and families who come to PRCAC. With your support, we can continue to provide safety, healing, and justice for children victimized by abuse.

**Volunteer Application Packet**

This application packet includes the following documents:

- Volunteer Application
- Volunteer Statement
- Photo Release
- Pledge of Confidentiality

Once we have received your completed application, we will contact you to schedule a volunteer orientation. You may submit your application via fax, email, or mail. If you have any questions, please feel free to contact Karli Smith, Volunteer Outreach Specialist, at [karli@paluxyrivercac.org](mailto:karli@paluxyrivercac.org) or 817-573-0292.

Fax: (817)-573-0430

Email: [karli@paluxyrivercac.org](mailto:karli@paluxyrivercac.org)

Mail: 1540 Southtown Dr Ste 103, Granbury, TX 76048



**PALUXY RIVER**  
CHILDREN'S ADVOCACY CENTER

**Volunteer Application**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

**Please select areas you are interested in volunteering with:**

<b>Services to Children &amp; Families (Family Care Volunteer)</b>	<b>Center Support (Family Care Volunteer)</b>	<b>Special Events &amp; Fundraising (Paluxy Partner)</b>
<input type="checkbox"/> Child Advocacy	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Community Outreach
<input type="checkbox"/> Greeting Families	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Christmas for Children
<input type="checkbox"/> Clerical Work	<input type="checkbox"/> Building/Yard Maintenance	<input type="checkbox"/> Heroes with Handbags/ Annual Gala

Other areas not listed: \_\_\_\_\_

**Please indicate when you are available to volunteer:**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

\*most evening activities will be for Paluxy Partners

How did you learn about our volunteer program?

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Briefly state why you would like to volunteer with the PRCAC:

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Are you volunteering for class credit? \_\_\_Yes \_\_\_No Name of class/instructor:\_\_\_\_\_

Are you currently employed? \_\_\_Yes \_\_\_No Place of employment:\_\_\_\_\_

Are you currently attending school? \_\_\_Yes \_\_\_No Name of school:\_\_\_\_\_

### **Experience**

Please list any previous volunteer experience, particularly in working with children and families:

Length of time	Organization	Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____

Highest level of academic achievement:

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Do you have any experience with:

Child Abuse: \_\_\_Yes \_\_\_No

If yes, please explain:

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Foster Care? \_\_\_Yes \_\_\_No

If yes, please explain:

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Criminal, Juvenile or Family Court System? \_\_\_Yes \_\_\_No

If yes, please explain:

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Other Child Service Agencies?  Yes  No

If yes, please explain:

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Do you have a police record?  Yes  No

If yes, please explain:

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Do you have any current issues related to drugs, alcohol, stress or mental health that may pose a risk for you and/or the children we serve?  Yes  No

If yes, please explain:

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**Working with children can be active and stressful. Child abuse and child sexual abuse in particular, often causes stress and emotional turmoil for professionals, interns and volunteers.**

Are there reasons that may cause volunteering to be particularly stressful or harmful to you?  Yes  No

If yes, please explain:

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### **Skills & Special Abilities**

Do you speak any language other than English?

Yes  No Language: \_\_\_\_\_

Do you read/write in any other language than English?

Yes  No Language: \_\_\_\_\_

Do you have experience with blind or hearing impaired persons?

Yes  No Language: \_\_\_\_\_

Do you have any experience with handicapped persons?

Yes  No Language: \_\_\_\_\_

Present memberships in clubs or organizations, including any office or responsibility:

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What do you feel are your strengths and weaknesses?

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### Emergency Contact Information

Name of person to contact in the event of an emergency: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone Numbers: (C): \_\_\_\_\_ (W): \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Number: \_\_\_\_\_

### References

List two personal references and one professional reference with email addresses and phone numbers (please do not include any family members).

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Volunteer Statement

PRCAC will complete a record check for information from the Department of Public Safety and with the Texas Department of Protective and Regulatory Services on all potential volunteers. This is done to ensure that volunteers have not been convicted of an offense that would be potentially detrimental to the PRCAC program. PRCAC does not accept applications from anyone who has been convicted, has prior charges, or has 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. The PRCAC will not accept direct service and/or board member volunteers if they have a CPS disposition of Reason to Believe (RTB) for sexual abuse or physical abuse.

I understand that PRCAC will contact my references to obtain information regarding my suitability to work with children and families. All the information on this application is accurate to the best of my knowledge. I agree to take any required orientation or training necessary for the volunteer position(s) that I highlighted on my application. I understand that criminal history records information and Texas Department of Protective and Regulatory Services Central Registry check will be completed. I understand that I will be unable to volunteer until the check has been completed.

I further understand that the inclusion of any false information or the omission of any requested information is cause for immediate dismissal from volunteer placement at the PRCAC.

I agree to inform the PRCAC if this information changes any time during my participation at the Center.

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**Signature**

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**Date**

## Photo Release

The Paluxy River Children's Advocacy Center has my permission to use my photograph publically to promote the center. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by the reason of such use.

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**Signature**

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**Date**



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## **Pledge of Confidentiality**

I promise that I shall hold in confidence all pertinent information. I will not violate the confidential relationships between Paluxy River Children's Advocacy Center, its volunteers, related agencies, courts, and all parties interviewed. I will not remove any written records from PRCAC.

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 PRCAC staff and agencies directly related to the investigation of the case while they are at PRCAC.

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.

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**Signature**

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**Date**

**Mail, fax, or email completed application to:**  
**PRCAC ATTN Karli Smith**  
**1540 Southtown Dr Ste 103**  
**Granbury, TX 76048**  
[karli@paluxyrivercac.org](mailto:karli@paluxyrivercac.org)  
**(F) 817-573-0430**