



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!

Please return application & background check to:

Sandy Ochoa
Harmony Home CAC
PO Box 3087
Odessa, TX 7970

910-C South Grant
Odessa, TX 79761

Fax: (432) 333-5233
Email: sandy@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

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.

Volunteer Experience

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

Number of Years	Agency/Organization	Responsibilities

Approximately, how much time are you able to contribute to Harmony Home?

_____ Hours per week or _____ Days per week _____ Hours per month or _____ Days per month

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

I am interested in the following volunteer position(s):

Family Greeter _____ Clerical Support _____ Special Events Support _____

References

Please list three (3) references with daytime telephone numbers. Provide one personal, non-related individual and two professional references.

1. Name _____ Telephone _____
 Address _____
 Street City State Zip
 Relationship _____

2. Name _____ Telephone _____
 Address _____
 Street City State Zip
 Relationship _____

3. Name _____ Telephone _____
 Address _____
 Street City State Zip
 Relationship _____

It may be necessary for references to be contacted by the Community Liaison before you will be placed as a volunteer for Harmony Home. In addition, written references may be requested from those individuals listed above.

Further Information

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

- **Child Welfare**

- **Juvenile Court**

- **Foster Care**

- **Other agencies offering services to children**

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

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

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

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.

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:

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:

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:

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

If yes, please explain:

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 ____/____/____

Section 2: Signatures

This section of the form must be signed by the subject of the background check and not the designee.

- 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 volunteer organization listed in Section 3. I agree to update the volunteer organization of any changes to the information above.
- I grant permission to the volunteer organization listed in Section 3 to request a Child Abuse/Neglect Central Registry and a Texas Department of Public Service Criminal history check as well as any subsequent checks so long as I am active with that agency.
- I authorize DFPS to transmit the results of this background check via e-mail and I acknowledge that DFPS cannot guarantee that information transmitted 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.
- I acknowledge that my designee can receive my background check results only as described in Section 5.

Requestor: X	Date Signed:
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Section 3: Designee

DFPS: Send the results of the requested checks to the designee below:

Full Name Sandy Ochoa		Email Address sandy@hhcac.org			
Address 910 S. Grant, #C	Apt. No. (if applicable)	City Odessa	County Ector	State TX	Zip Code 79761

Name of the volunteer organization the designee represents:

Section 4: Note to the Subject of the Background Check

As required by the Texas Family Code 261.002, DFPS maintains a central registry of reported cases of child abuse and neglect. The DFPS Central Registry consists only of information gathered during Child Protective Services (CPS), Child Care Licensing (CCL), and Adult Protective Services (APS) facility investigations of child abuse and neglect in cases that were given a disposition of "reason to believe" for CPS and CCL cases or "confirmed and validated" for APS cases, and the person had a role of *designated perpetrator* or *sustained perpetrator* (**Please Note:** Cases involving adult victims are not included in the DFPS Central Registry).

In addition, you will not clear the Central Registry check if you are 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 conclusion of the investigation to determine whether you have been listed as a designated perpetrator on the Central Registry of Child Abuse and Neglect.

As the subject of the request, you have the right to review the results of this check. If Central Registry history is found that identifies you as a person who has been found to have abused or neglected a child, DFPS will only send the results directly to you via mail or e-mail. You have the option to share these findings with the volunteer organization listed above (Section 2).

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

Unknown disposition information found may not be the most up-to-date information available. If the results returned from DPS include an unknown disposition, contact the court of jurisdiction and request an official certified copy of the disposition. The official certified copy and an [Error Resolution Form](#) should be sent to DPS at P.O. Box 4143, Austin, TX 78765 in order for the person's criminal history to be updated with DPS.

If you dispute the criminal history returned from DPS you will need to request a personal review by completing the [TXIREVIEW FAST Pass](#) and submitting fingerprints to DPS. To schedule a fingerprint appointment you will need to contact MorphoTrust enrollment services at (888) 467-2080. You will need to take the [TXIREVIEW FAST Pass](#) with you on the date of your scheduled fingerprint appointment.

Section 5: Privacy Statement

DFPS values your privacy. For more information, read our [privacy policy](#).



REQUEST FOR CHILD ABUSE/NEGLECT CENTRAL REGISTRY AND DPS CRIMINAL HISTORY CHECK

CHIEF OPERATING OFFICER (COO) - CENTRALIZED BACKGROUND CHECK UNIT

Purpose: The purpose of this form is to grant representatives of authorized Volunteer Organizations permission to request, on the behalf of potential and current volunteers, employees, and board members:

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

The authorized volunteer organizations include: Big Brothers and Big Sisters of America, Child Advocacy Centers of Texas, Make-A-Wish Foundation of America and I Have a Dream/Houston. This form is completed by the subject of the background check or a designee.

Directions: The subject of the background check or designee reads and completes Sections 1-5, and submits this form using the instructions below. For questions, call the CBCU Support Line at (800) 645-7549 or email: CACTXBGCREQUEST@dfps.state.tx.us.

A note to Designees: The designee is responsible for ensuring the information provided by the subject in Section 1 is complete and accurate. The information must be verified by viewing official documents provided by the subject of the check, such as a driver's license or social security card.

Instructions: Complete, sign, and submit this form to:

Email: CACTXBGCREQUEST@dfps.state.tx.us
FAX: 512-339-5871

Mail: CBCU Non-Licensing Unit M/C 121-7
PO Box 149030, Austin, TX 78714-9030

Section 1: Subject of the Background Check					
The information in this section must be provided by the subject of the background check before the check is conducted. Missing information may result in delays.					
First Name	Middle Name	Last Name			
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
Address	Apt. No.	City	County	State	Zip Code
Telephone Number	Date of Birth	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Social Security Number	
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Race <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native			
Driver's License Number:			State of Issuance:		
List any other additional addresses or cities in Texas that you have lived in (continue on back as needed)					
If you would like a copy of these results sent to you, please select the appropriate box.					
<input type="checkbox"/> Email (preferred method): _____					
<input type="checkbox"/> Mail (results will be sent to the mailing address listed above)					