

Children's Advocacy Center of Comal County, Inc.

Volunteer Application

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|---|--|
| <input type="checkbox"/> Family Care Coordinator          | <input type="checkbox"/> Meal Coordinator    |
| <input type="checkbox"/> Community Involvement Specialist | <input type="checkbox"/> Site Care Associate |
| <input type="checkbox"/> Follow Up Care Specialist        | <input type="checkbox"/> Auxiliary Associate |
| <input type="checkbox"/> Other                            |  |

Full Name \_\_\_\_\_

Any other names used \_\_\_\_\_

Address \_\_\_\_\_

Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail \_\_\_\_\_

Have you resided in Texas for the last 3 years? Y/N

If no, please list other states \_\_\_\_\_

In Case of Emergency, please contact (name, relationship, number)

1. \_\_\_\_\_

2. \_\_\_\_\_

Personal References (name, relationship, number – no relatives)

1. \_\_\_\_\_

2. \_\_\_\_\_

Have you ever been indicted or convicted of a misdemeanor? Y / N

Have you ever been indicted or convicted of a felony? Y / N

If you answered yes to either question, please explain:

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Have you ever been a part of a case involving CPS? Y/N

If yes, please explain:

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What days & times are best for your Volunteer Service?

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Are you involved with other groups or organizations?

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The above information is true to the best of my knowledge

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_

