



Dear Junior Volunteer Applicant,

Thank you for your interest in Child Study Center (CSC) Junior Volunteer Program. The junior volunteers who give of their time and talent usually walk away inspired, motivated and excited about our organization and its mission. For over 50 years, Child Study Center has provided diagnosis and treatment services to children who have or are at risk for developmental disabilities, related behavior and emotional problems so that these children may achieve their full potential. As a volunteer, you will be an integral part in assisting staff with their daily tasks in order to reach our goals.

To begin the application process, please complete and return the attached forms. Once received, you will be contacted to set-up an initial interview. Please note we **do not** accept any court appointed cases. The attached forms may be submitted either by:

Mail: Child Study Center
Attn: Human Resources
1300 West Lancaster Avenue
Fort Worth, TX 76102

Fax: 817-390-2941

Email: volunteer@cscfw.org

Thank you for your desire to serve the children and families of the Child Study Center. If you have any questions, please call 817-390-2940 or email volunteer@cscfw.org.

Joey Konderla
Human Resources and Wellness Coordinator



Office Use Only:
Date received: _____
Initial call: _____

Junior Volunteer Application

*Applicants must be **14-17 years of age** to be eligible for the Junior Volunteer Program. The minimum age for non-clinical positions is 14. The age for positions requiring direct patient care is 17 or above, or a senior in High School.*

(PLEASE PRINT)

Last Name	First Name	Middle Initial
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Street Address		Apt. #
City	State	Zip Code
Home Phone ()	Cell Phone ()	E-mail Address

Date of Birth:	Male or Female (circle)
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School Attending:	Current grade:
	8th 9th 10th 11th 12th College

Parent/Guardian Full Name	Day Phone Number ()
Parent/Guardian Full Name	Day Phone Number ()

Emergency Contact Name	Emergency Contact Phone Number	Relationship to Applicant
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List allergies and any other health concerns staff should know.

Why are you interested in volunteering at the Child Study Center?

What other volunteer experience have you had? (list organization, duties and date(s) of service)

What clubs or organizations do you belong to?

Personal Reference #1 (not a family member)

Personal Reference #2 (not a family member)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: () _____

Phone: () _____

What date are you available to **start** your volunteer service? _____

What date will you **conclude** your volunteer service at the Child Study Center? _____

How many hours do you wish to complete at the Child Study Center? _____

AVAILABILITY:

Please check the days and shifts you are available for volunteering.

Monday Mornings Afternoons

Tuesday Mornings Afternoons

Wednesday Mornings Afternoons

Thursday Mornings Afternoons

Friday Mornings Afternoons

IF YOU ARE **NOT** 18 YEARS OF AGE, PARENTAL PERMISSION TO VOLUNTEER MUST BE INDICATED BY THE PARENT/GUARDIAN SIGNATURE BELOW.



Volunteer Placement Positions

The positions listed below are categorized according to department. Please review and place a check (✓) in the box next to each volunteer position of interest to you.

	APPLIED BEHAVIOR ANALYSIS
	Child Tutor – provide therapy to children with autism; teach language and self help skills; decrease problem behavior
	Curriculum Prep – download, laminate, and cut pictures from internet resources; Excel & MS Word necessary
	Film Assistant – format pictures and videos for presentations
	ADMINISTRATION
	Hostess – help with Committee/Board meetings setup
	MEDICAL RECORDS
	Medical Records Assistant – Photocopy and assemble application packets for families
	FOUNDATION
	Special Events – assist with annual fundraising events such as Children’s Golf Classic, Party on the Patio, Puzzle Scuttle 5k and Fun Run
	JANE JUSTIN SCHOOL
	Office Assistant – data entry, die cutting, printing, copying, collating
	Bulletin Board Designer – remove and set up new displays for classrooms
	Lunch Monitor – monitor students as they eat, clean up spills, teach good manners
	Filming Assistant – record, download and edit video
	Classroom Play Assistant – actively engage in play activities, promote sharing, teach cleaning up
	Volunteer Tutor – assist students as they complete reading, math and language assignments
	PEDIATRICS
	Clerical Assistant – scanning, organizing informational packets, and making copies
	PSYCHOLOGY
	Clerical Assistant – general filing, clerical



Proof of Immunization

The following immunizations are mandatory to volunteer at Child Study Center:

- Annual flu shot
- Annual TB screen
- Hepatitis B immunization status
- Current Tdap (Tetanus, diphtheria and pertussis)

Please **attach** the immunization records, sign below and return this form with your volunteer application. If unable to obtain current immunization records, please indicate below. Please note no volunteers will be allowed to begin until proof immunization is provided.

I, _____, do hereby provide written proof of immunization or physician diagnosed diseases.

No immunization records available because... _____

Volunteer Applicant's Signature: _____

Date: _____



Junior Volunteer Confidentiality Agreement

As a Child Study Center (CSC) Junior Volunteer, I understand that I will be in contact with information pertaining to clients who have been, who are, and who will be receiving treatment from the services we provide.

I also understand that all client information is of a confidential nature and will not be given or discussed with those who are not authorized to receive this information. In addition, client information may not leave CSC premises except through established policies and procedures.

Finally, I understand that should I violate the clients' right to privacy, my relationship with CSC is subject to immediate termination.

Signature Date

PARENTAL PERMISSION

I hereby grant my permission to Child Study Center to have photographs/videos/audiotape/digital images made of my child performing his/her volunteer duty for the purpose of media services. I understand these images or recordings may be used toward the advancement of medical science, public education, the promotion of Child Study Center, and/or any other purpose as stated above.

I grant permission for these to be used in this manner as deemed appropriate by Child Study Center. I release all rights to all images and release Child Study Center from any claims or liabilities resulting from their use.

Parent Signature Date



Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name
Contact Name	
Agency's Main Phone Number	Agency's Fax Number

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used	
Current Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number	State Issued
Position Applied for	Contact Phone Number	Email Address	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

_____ (the "Organization") may request a comprehensive review of your background information from a consumer reporting agency in connection with your employment/volunteer application and for employment/volunteer purposes, including promotion, reassignment, or retention as an employee or volunteer. Your background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are selected by the organization, throughout your volunteering or employment VERIFIY, 2800 Live Oak Street, Dallas TX 75204, 214-818-9839, and its designated agents and representatives or another consumer reporting agency will prepare or assemble the reports. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: consumer credit, names and dates of previous/current employment, worker's compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, civil cases, OIG/GSA, OFAC/patriot act, any sanction lists, finger printing and drug testing. These reports may include information as to your general reputation, character, personal characteristics, mode of living, work habits, job performance and experience along with reasons for termination of past employment from previous employers. You may request more information about the nature and scope of any investigative consumer reports by contacting the organization. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Authorization and Release

I, _____ authorize the complete release of these records or data pertaining to me which an individual, organization, firm, corporation, institution, school or university, law enforcement or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment/volunteering at the organization. I release all persons or entities from liability from any alleged damage that may result from furnishing accurate information in good faith to the organization.

I certify that all information provided below is true and accurate to the best of my knowledge. This authorization and consent shall be valid in original, facsimile ("fax"), or copy form.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

PLEASE PRINT LEGIBLY:

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)

A Summary of Your Rights Under the Fair Credit Reporting Act.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 million and their affiliates:</p> <p>b. Such affiliates that are not banks, saving associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street N. W., Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357</p>
<p>2. To the extent not include in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks:</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25 A of the Federal Reserve Act:</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations:</p> <p>d. Federal Credit Unions:</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200, Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11, Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO), 1775 Duke Street, Alexandria , VA 22314</p>
<p>3. Air carriers:</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings, Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E., Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board:</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W., Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act:</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies:</p>	<p>Associate Deputy Administrator for Capitol Access United States Small Business Administration 409 Third Street, SW, 8th Floor, Washington, DC 20416</p>
<p>7. Brokers and Dealers:</p>	<p>Securities and Exchange Commission 100 F Street NE, Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations:</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All other Creditors Not Listed Above:</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA, Washington, DC 20580 (877) 382-4357</p>