



**Education:**

Type*	Name of School	Degree	Hours Completed or Graduation Date

\*High School, Trade School, College, etc.

Educational merits or awards, special honors, or special activities in college: \_\_\_\_\_

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Professional Licenses or Certifications (be specific): \_\_\_\_\_

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**Level of Computer Skills:**

Word processing: None ( ), Novice ( ), Intermediate ( ), Proficient ( ), Expert ( )

Databases: None ( ), Novice ( ), Intermediate ( ), Proficient ( ), Expert ( )

Spreadsheets: None ( ), Novice ( ), Intermediate ( ), Proficient ( ), Expert ( )

List all volunteer or club activities:

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Please check any of the following areas in which you have had a professional, volunteer, or personal involvement:

- |                                                    |                                                                    |
|----------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Juvenile Court System                     |
| <input type="checkbox"/> Foster Care System        | <input type="checkbox"/> Criminal System                           |
| <input type="checkbox"/> Psychotherapy/Counseling  | <input type="checkbox"/> Child Abuse (physical, sexual, emotional) |
| <input type="checkbox"/> Child Neglect             | <input type="checkbox"/> Other agencies serving children           |

Please elaborate on any areas checked above: \_\_\_\_\_

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Please check any of the following areas in which you would be interested in serving as an intern:

- |                                                                                                |                                         |
|------------------------------------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Casework                                                              | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Marketing                                                             | <input type="checkbox"/> Newsletters    |
| <input type="checkbox"/> Grant Writing                                                         | <input type="checkbox"/> Fundraising    |
| <input type="checkbox"/> Event Planning                                                        | <input type="checkbox"/> Recruiting     |
| <input type="checkbox"/> Web Design/ Maintenance                                               |                                         |
| <input type="checkbox"/> Other: If you have another idea or special skill, please let us know. |                                         |

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**Employment History:**

List below your last six employers, starting with the most recent employer.

1. Most Recent Employer:	Type of Business:
Job Title:	Dates of Employment:
Duties:	
Supervisor's Name:	Phone Number:
Starting Salary:	Ending Salary:
Reason For Leaving Job:	

2. Next Most Recent Employer:	Type of Business:
Job Title:	Dates of Employment:
Duties:	
Supervisor's Name:	Phone Number:
Starting Salary:	Ending Salary:
Reason For Leaving Job:	

3. Next Most Recent Employer:	Type of Business:
Job Title:	Dates of Employment:
Duties:	
Supervisor's Name:	Phone Number:
Starting Salary:	Ending Salary:
Reason For Leaving Job:	

**Employment History Continued...**

4. Next Most Recent Employer:	Type of Business:
Job Title:	Dates of Employment:
Duties:	
Supervisor's Name:	Phone Number:
Starting Salary:	Ending Salary:
Reason For Leaving Job:	

5. Next Most Recent Employer:	Type of Business:
Job Title:	Dates of Employment:
Duties:	
Supervisor's Name:	Phone Number:
Starting Salary:	Ending Salary:
Reason For Leaving Job:	

6. Next Most Recent Employer:	Type of Business:
Job Title:	Dates of Employment:
Duties:	
Supervisor's Name:	Phone Number:
Starting Salary:	Ending Salary:
Reason For Leaving Job:	

**Professional References:**

List three professional references that are ***directly knowledgeable*** of your level of expertise, work habits, and the reasons why you are the best person for this job.

1. Name:	Occupation:
Job Title:	How long have you known this person?
Mailing address:	
Business Phone:	Other Phone:
Employment or Professional setting in which this person has knowledge of you.	

2. Name:	Occupation:
Job Title:	How long have you known this person?
Mailing address:	
Business Phone:	Other Phone:
Employment or Professional setting in which this person has knowledge of you.	

3. Name:	Occupation:
Job Title:	How long have you known this person?
Mailing address:	
Business Phone:	Other Phone:
Employment or Professional setting in which this person has knowledge of you.	

**Personal References:**

List three *personal* references that are **directly knowledgeable** of your level of integrity, work habits, emotional stability, dependability, and consistency.

**(No family members or relatives)**

1. Name:	Occupation:
Job Title:	How long have you known this person?
Mailing address:	
Business Phone:	Other Phone:
Setting in which this person has knowledge of you.	

2. Name:	Occupation:
Job Title:	How long have you known this person?
Mailing address:	
Business Phone:	Other Phone:
Employment or Professional setting in which this person has knowledge of you.	

3. Name:	Occupation:
Job Title:	How long have you known this person?
Mailing address:	
Business Phone:	Other Phone:
Employment or Professional setting in which this person has knowledge of you.	

**CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK**  
**AUTHORIZATION / WAIVER / INDEMNITY**

Each employee, volunteer, or applicant who is to be screened by the Wichita Foundation for Children’s Services. Inc., d.b.a. Child Advocates, must sign an authorization/waiver/indemnity form, giving approval for Child Advocates and the Volunteer Center of Dallas County to perform a criminal background history check.

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I, the undersigned, do hereby give my permission to the Wichita Foundation for Children’s Services. Inc., d.b.a. Child Advocates, to obtain information relating to my criminal history record through the Volunteer Center of Dallas County. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer, the criminal background history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by the Wichita Foundation for Children’s Services, Inc., d.b.a. Child Advocates, and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Volunteer Center of Dallas County and each of their officers, directors, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, and/or strict liability of the Volunteer Center of Dallas County) and any and all related attorney’s fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/employee.

\_\_\_\_\_  
Applicant’s Printed Name

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date



**Background Verification Release Form**

**AGENCY INFORMATION**

Date	Agency Name Wichita Foundation For Children's Services, Inc., d.b.a. Child Advocates		
Contact Name Emily Streeton, Executive Director			
Agency's Main Phone Number 940-766-0552		Agency's Fax Number 940-766-0806	

**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 Employee				
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <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		

I hereby authorize VERIFIY and/or its Service Provider, as well as the Wichita Foundation For Children's Services, Inc., d.b.a. Child Advocates, to request and receive any and all background information about or concerning me, including but not limited to my criminal history, Social Security number, consumer credit report (under the Fair Credit Reporting Act - 15 U.S.C 1681), driving record, employment history (including my present and past employers), military background, civil court listings, educational background, and professional licenses from any governmental or private source.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with Child Advocates. I also understand that as long as I remain an employee or volunteer for Child Advocates, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review any criminal history as received by Child Advocates, and I understand that a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge Child Advocates, VERIFIY, and/or their service provider and all of their subsidiaries, affiliates, officers, employees, contract personnel, or associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization and the procurement of an investigative consumer credit report, and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living.

I understand that I have the right to make a written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

Texas Dept of Family and Protective Services

REQUEST FOR CHILD ABUSE/NEGLECT CENTRAL REGISTRY CHECK

Form 2970 April 2004

The Texas Department of Family and Protective Services (FPS) operates a Central Registry that identifies persons whom FPS has found to have abused or neglected children. FPS Strives to provide the results of the Central Registry check within 30 days. A person may request a Central Registry check on him or herself by completing, having notarized and submitting this request for to:

**REQUIRED IDENTIFYING INFORMATION ON REQUESTER - The requester must provide all of this information in order for a check to be made:**

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. (A/C)		Date of Birth	Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female		SSN
<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)					

<p><b>SEND RESULTS OF REQUESTED CHECKS TO:</b></p> <p><input type="checkbox"/> Requester, OR</p> <p><input checked="" type="checkbox"/> Designee -</p> <p>Name of Designee: Emily Streeton</p> <p>Name of Agency the Designee Represents: Child Advocates</p> <p>Mailing Address of Designee (City, State, Zip): 808 Austin Wichita Falls, TX 76301</p> <p>:</p>	<p><b>RESULTS OF CENTRAL REGISTRY CHECK:</b></p> <p>FPS returns the results of the Central Registry checks to the <u>requestor or designee</u> indicated to the left. The requester is entitled to have the results provided to him or to designate another person or entity to receive <u>the results</u>.</p> <p><b><u>NOTICE - NOTICE - NOTICE:</u></b> The requester may not have exhausted all opportunities to contest findings in the Central Registry. Therefore, a requester who designates another person/entity to receive the results of the check is <b><u>hereby provided notice and cautioned</u></b> that if he or she disagrees with any such findings, that he or she may have the right to challenge any such findings, and that he or she is authorizing FPS to release any such findings to a third party prior to or during any challenge to the accuracy of those findings.</p>
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Signature of Requester \_\_\_\_\_ Date of Request \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

[Notary stamp or seal]

\_\_\_\_\_  
Notary Public