



Dear Junior Volunteer,

Thank you for your interest in the Child Study Center (CSC) Junior Volunteer Program. We are excited to have the opportunity to have you give of your time while learning about our organization. For nearly 50 years the 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.

In order 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: Foundation Dept.  
1300 West Lancaster  
Fort Worth, TX 76102

*Fax:* 817-870-2116

*Forms to be returned:*

- Junior Volunteer Application (2 pages)
- Junior Volunteer Placement
- Junior Volunteer Confidentiality Agreement
- Volunteer Background Release Form

Thank you for your desire to serve the children and families of the Child Study Center. If you have any questions, please contact us at 817-390-2804 or email [volunteer@cscfw.org](mailto:volunteer@cscfw.org).



|  |
|--|
| Office Use Only:<br>Date received: _____<br>Entered by: _____<br>Interview date: _____ |
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**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 |
|-----------|------------|----------------|

|                |                  |          |
|----------------|------------------|----------|
| Street Address | Apartment Number |          |
| City           | State            | Zip Code |

|                   |                   |                |
|-------------------|-------------------|----------------|
| Home Phone<br>( ) | Cell Phone<br>( ) | E-mail Address |
|-------------------|-------------------|----------------|

|           |
|-----------|
| Birthdate |
|-----------|

|                            |   |
|----------------------------|---|
| What school do you attend? | Please circle the grade you are currently in.<br>8 <sup>th</sup> 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup> College |
|----------------------------|---|

|                           |                         |
|---------------------------|-------------------------|
| Parent/Guardian Full Name | Day Phone Number<br>( ) |
| Parent/Guardian Full Name | Day Phone Number<br>( ) |

|                        |                                       |                           |
|------------------------|---------------------------------------|---------------------------|
| Emergency Contact Name | Emergency Contact Phone Number<br>( ) | Relationship to Applicant |
|------------------------|---------------------------------------|---------------------------|

|   |
|---|
| List allergies and any other health concerns staff should know. |
|---|

|  |  |
|--|--|
| Why do you want to volunteer in the community?   | Why are you interested in volunteering at the Child Study Center?  |
| What other volunteer experience have you had? (please list organization, duties and date(s) of service)                        | What clubs or organizations do you belong to? (please list your duties)  |
| Personal Reference #1 (note: may not list a family member)<br><br>Name: _____<br><br>Address: _____<br><br>Phone: (    ) _____ | Personal Reference #2 (note: may not list a family member)<br><br>Name: _____<br><br>Address: _____<br><br>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? \_\_\_\_\_

Circle the day(s) and time of day you are available to work:  
 MON. AM • TUE. AM • WED. AM • THUR. AM • FRI. AM  
 MON. PM • TUE. PM • WED. PM • THUR. PM • FRI. PM

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

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Signature of Parent/Guardian, if required



|                                      |
|--------------------------------------|
| <b>Volunteer Placement Positions</b> |
|--------------------------------------|

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

|  |
|--|
| <b>APPLIED BEHAVIOR ANALYSIS</b>   |
| Filming Assistant – knowledge of videography & related software for department project (4-8 hours)                   |
| Photography Assistant – knowledge of photography & related software for department project                           |
| Curriculum Prep –download & laminate pictures from the internet; Excel & MS Word necessary (ongoing project)         |
| <b>ADMINISTRATION</b>  |
| Ambassador – greet patients and escort to departments; receptionist back up (7:30-9:30 / 11:30-1:30 daily)           |
| Hostess – set up for meetings and tours (as needed)  |
| IT Assistant – Assist IT Administrator with technology-related tasks, i.e. workstation set up, faxes, printers       |
| <b>CLIENT SERVICES</b>   |
| Coordinator – assist with patient check in, call patients regarding appointment time(Tues/Thurs/Fri)                 |
| <b>FOUNDATION</b>  |
| Special Events – assist with annual Children’s Golf Classic, Party on the Patio, Experience the Potential (seasonal) |
| <b>JANE JUSTIN SCHOOL</b>  |
| Office Assistant – data entry, die cutting, printing, copying, collating (4 hours per week)                          |
| Bulletin Board Designer – remove and set up new displays for classrooms (1 day per month)                            |
| Book Fair Attendant – manage the Point of Sale (4 hour shift, Monday-Friday, 1 week in the fall & spring)            |
| Lunch Monitor – monitor students as they eat, clean up spills, teach good manners (11:00-12:30 daily)                |
| Filming Assistant – record, download and edit video (1 day per quarter)  |
| Drive through Monitor – provide a visual presence & monitor traffic in the drive through (2:45 – 3:15 p.m. daily)    |
| Classroom Play Attendant – actively engage in play activities, promote sharing, teach cleaning up (a.m./p.m. daily)  |
| <b>MEDICAL RECORDS</b>   |
| Clerical Assistant – microfilm filing, scanning, checking chart names and numbers (2 days per week, 4 hours)         |
| <b>OPERATIONS</b>  |
| Clerical Assistant – general filing, clerical  |
| <b>PEDIATRICS</b>  |
| Research Assistant – data collection   |
| Student Intern – interested in completing rotation necessary for degree  |
| <b>PSYCHOLOGY</b>  |
| Clerical Assistant – general filing, clerical  |



**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.

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Signature

Date



## Volunteer Background 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  |               |   |              |
| <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 VERIFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

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 this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency 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 further release and discharge VERIFYI and 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, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make 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

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