



Dear Student,

Thank you for your interest in the Child Study Center Student Training Program. 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 reach their full potential. Our clinicians are some of the most respected in the field, and it is our hope that you would find your time spent at the Child Study Center both rewarding and educational.

In order to begin your rotation, please complete and return the attached forms: Adult Volunteer Application, Volunteer Placement Positions (mark Student Intern: interested in completing rotation necessary for degree), and the Volunteer Confidentiality Agreement. In addition, a letter of attestation must be included from your school stating that a background check has been completed by your school and that you are qualified for participation in a pediatric clinical rotation. The above information may be submitted by:

Fax: 817-390-2981

Mail: Child Study Center
Attn: Pediatric Practice Manager
1300 W Lancaster
Fort Worth, TX 76102

Forms to be returned:

- Volunteer Application
- Volunteer Placement Positions
- Volunteer Confidentiality Agreement
- Letter of Attestation

Thank you again for your interest in the Child Study Center. If you have further questions regarding student placement or rotations, please contact us at 817-390-2982, or email: volunteer@cscfw.org.



Office Use Only: Date received: _____ Entered by: _____ Interview date: _____
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Volunteer Application

The Child Study Center provides diagnosis and treatment services to children who have, or are at risk for developmental disabilities, related behavioral and emotional problems so that these children may achieve their full potential.

(PLEASE PRINT)

Last Name	First Name	Middle Initial
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Street Address	Apartment Number	
City	State	Zip Code

Home Phone ()	Cell Phone ()	Work Phone ()	E-mail Address
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Date of birth	Male or Female	Spouse's Name
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Please circle all that apply.			
High School Graduate	College Graduate	Graduate School Graduate	Other _____

Present or last place of employment:	Phone: ()
Describe job duties:	

Volunteer Experience		
List current or previous volunteer activities you have been involved with.		
Name of organization	Types of duties performed	Date
1.		
2.		
3.		

Please explain your interest in volunteering at the Child Study Center.

Are you required to complete volunteer hours? Yes No
Have you ever volunteered at the Child Study Center? Yes No

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

Personal Reference #1 (may not be a family member)	Personal Reference #2 (may not be a family member)
Name: _____	Name: _____
Phone: () _____	Phone: () _____

AUTHORIZATION AND ACKNOWLEDGEMENT

I understand that the Child Study Center has the right to verify employment and volunteer experience as listed on the previous pages. I also understand that the Child Study Center will check my professional/personal references as listed on the previous page. I understand that information relating to my character, work habits, performance and experience may be requested of my professional/personal references, if applicable.

I CERTIFY that all of the above information is true/correct to the best of my knowledge and authorize investigation of all statements. Any misstatement/omission of fact in this application may result in my dismissal. I understand that volunteer acceptance does not create a contractual obligation upon the Child Study Center to continue my opportunity for volunteering in the future.

SIGNATURE _____

DATE _____



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 that interests you.

	APPLIED BEHAVIOR ANALYSIS
	Child Tutor - work with children with autism (4-8 hrs daily)
	Curriculum Prep – download, laminate, and cut pictures from the internet; Excel & MS Word necessary
	ADMINISTRATION/OPERATIONS
	Hostess – help with Committee/Board meeting setup
	IT Assistant – Assist Director of Operations with technology-related tasks, i.e. workstation set up, faxes, printers
	CLIENT SERVICES
	Client Services Assistant –assist with application process, filing, and call patients regarding appointment time (Tues/Thurs/Fri)
	Front Desk - assist with patient check in/checkout procedures (a.m./p.m. daily)
	Switchboard Operator Assistant - answer phones, run/sort mail, direct visitors to clinic
	Medical Records Assistant- microfilm filing, scanning, checking chart names and numbers
	FOUNDATION
	Special Events – assist with annual Children’s Golf Classic, Party on the Patio, Puzzle Scuttle, Experience the Potential (seasonal)
	JANE JUSTIN SCHOOL
	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, one 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)
	Volunteer Tutor – assist students as they complete reading, math and language assignments (a.m./p.m. daily)
	PEDIATRICS
	Research Assistant – data collection
	Student Intern – interested in completing rotation necessary for degree
	Medical Assistant- interested in screening patients
	PSYCHOLOGY
	Clerical Assistant – general filing, clerical



Volunteer Confidentiality Agreement

As a Child Study Center (CSC) Adult 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



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			
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	

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)