



## Volunteer Experience

Please list your volunteer activities, beginning with the most recent:

Organization	Supervisor	Projects/Responsibilities	Dates	Reason for Leaving

Please list any other current community activities and memberships in any clubs, churches, and other organizations.

- Languages Spoken       English                       Spanish                       Other
- Fluency Level             Elementary                       Limited Working                       Minimum Professional
- Full Professional                       Native or Bilingual

## Education

- High School Diploma                       Some College                       College Degree
- Post Graduate                       Other

School	Degree	Major	Dates

## Licenses & Certifications

School	License	Certification	Dates



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## Personal Disclosure

How did you hear about Child Advocates of Fort Bend?

Why are you interested in working for Child Advocates of Fort Bend?

The work done at Child Advocates of Fort Bend involves advocacy and services for children who have been abused and are experiencing trauma. This can be triggering for people who have experienced abuse or neglect in their lives or in their family.

Are you comfortable working in this environment?  Yes  No

If selected for employment, are you willing to consent to a background check?  Yes  No

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## Driver License

All employees must have a valid driver's license and current automobile liability insurance for the state of Texas. Employees must provide the CAFB office with a copy of the most up-to-date liability insurance and a current driver's license in order to process your application.

I acknowledge the above.  Yes

\_\_\_\_\_  
Applicant Name

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## Emergency Contact

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

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**References:** Please include 3 required reliable references, If you have worked/volunteered at a child-serving organization. References should include professional, volunteer and personal required. An additional professional reference can substitute for the volunteer reference if no volunteer history.

Name	Phone	Email



## Employee Acknowledgement Form

I hereby certify that the information submitted in this application is correct and accurate to the best of my knowledge; and I authorize inquiries concerning my suitability as a CAFB employee. I understand that all the information will be held in strict confidence and used only for the purpose of determining my suitability as an employee.

I understand that all information provided to and obtained by CAFB will be held in the strictest of confidence.

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Name (Please Print)

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Signature

Date

**Forms Checklist**

- Employee Application
- Employee Acknowledgement Form Copy of
- Driver's License and Automobile Liability

Insurance