



# Children's Advocacy Center for Denton County (CACDC) Undergraduate Internship Application

Children's Advocacy Center for Denton County (CACDC) is a non-profit agency designed to provide child abuse victims with a comfortable, neutral environment that offers a multidisciplinary approach to the prevention, detection, investigation, treatment, and prosecution of child abuse. The Center consolidates the vital resources for child sexual abuse investigations of law enforcement, Child Protective Services, Child Abuse Prosecutors from the District Attorney's Office, Sexual Assault Nurse Examiners (SANEs) and mental health professionals. Interns will not only have the opportunity to work directly with each of these agencies, but also the experience of working with child abuse victims and their non-offending family members. Interns will have a diverse, challenging experience and make a genuine contribution to the children of Denton County.

## GENERAL INFORMATION

Interns are accepted during the fall, spring and summer semesters. Interns are expected to work at least 12 hours per week. **All internships are unpaid.** All interns are subject to applicable CACDC employee policies and procedures.

## QUALIFICATIONS

- Must have completed 60 semester hours and be in good academic standing with their university
- Must have computer skills (Word, Excel, basic typing skills)
- Must pass criminal background, IMPACT, and any other reference checks

## APPLICATION PROCEDURE

Your application must include all of the following to be considered:

- Internship application with all necessary attachments
- Cover letter
- Resume
- Background check – Photocopies or faxed originals can not be accepted. Must be signed and notarized. **Wait to sign the background check until you are in front of the notary.**

## APPLICATION DEADLINE

Fall internship applications – **July 25th**  
Spring internship applications – **December 1st**  
Summer internship applications – **April 15th**

If the deadline falls on a Saturday, Sunday or holiday, applications will be due the following business day.

## CONTACT INFORMATION

Applications can be mailed, faxed, or hand delivered.

Children's Advocacy Center for Denton County  
Attn: Rebecca Truette  
1854 Cain Drive  
Lewisville, TX 75077  
469-635-5739  
Fax: 972-317-6989

# Children's Advocacy Center for Denton County (CACDC) Undergraduate Internship Application

## PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Languages Spoken:

Slightly

Adequate

Frequently

\_\_\_\_\_

\_\_\_\_\_

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## EDUCATION

If accepted for this internship, will this internship count toward academic credit?  Yes  No

Current College/University \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Major \_\_\_\_\_ GPA \_\_\_\_\_ Hours \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_

Previous College University \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Major \_\_\_\_\_ GPA \_\_\_\_\_ Hours \_\_\_\_\_

Dates Attended \_\_\_\_\_

Previous College University \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Major \_\_\_\_\_ GPA \_\_\_\_\_ Hours \_\_\_\_\_

Dates Attended \_\_\_\_\_

**WORK EXPERIENCE**

List information for your three (3) most recent employers. Other relative work experience can be listed elsewhere.

Current Employer \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ until \_\_\_\_/\_\_\_\_/\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ until \_\_\_\_/\_\_\_\_/\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ until \_\_\_\_/\_\_\_\_/\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List two individuals you have known at least two years. Do not list family members.

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relationship \_\_\_\_\_ How long? \_\_\_\_\_

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relationship \_\_\_\_\_ How long? \_\_\_\_\_



**Criminal Justice System**

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**District Attorney's Office**

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**Law Enforcement**

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**Sexual Abuse**

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List all community involvement, professional organizations, including offices held, honors and awards. Include dates. Use the back if necessary.

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**ESSAY QUESTIONS**

Answer the following questions on a separate sheet of paper and attach to your application. Limit each answer to 200 words or less.

Why do you want to be an intern at the Children's Advocacy Center for Denton County?

Where do you hope to be in 1 year, 5 years, and 10 years?

What skills do you hope to enhance or learn during your internship?

What is your dream job?

**OTHER INFORMATION**



# **Children's Advocacy Center for Denton County (CACDC)**

## **Intern Statement**

I hereby acknowledge and understand that with the completion of this application, I give my permission to the Children's Advocacy Center for Denton County and to its authorized agents to use any and all means to verify the information in this application. This includes the accessing of information with regards to criminal history, employment history and other information that may be appropriate to my qualifications regarding the internship program.

(PLEASE INITIAL \_\_\_\_\_)

I further understand that the Children's Advocacy Center for Denton County has the right to review this application's subsequent information unconditionally, accept or reject my application for internship program placement, and to terminate my internship program placement at any time, and that upon termination, I will return any and all property issued to me by this agency.

(PLEASE INITIAL \_\_\_\_\_)

I understand that I will receive an intern training manual and agree to abide by the policies and procedures set forth in this manual. I also understand that this manual explains the Confidentiality Policy, which specifies that for the protection of all served, every person is prohibited from disclosing the contents of any communications, records, and/or files, except for the purposes directly connected with the administration of the Children's Advocacy Center for Denton County.

(PLEASE INITIAL \_\_\_\_\_)

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

FAMILY SERVICES COORDINATOR \_\_\_\_\_ DATE \_\_\_\_\_

# **Children's Advocacy Center for Denton County (CACDC) Intern Agreement**

1. I understand and will adhere to the goals and standards of the Children's Advocacy Center for Denton County.
2. I will attend any orientation, training, or continuing education required for this position.
3. I will treat clients with dignity and respect at all times, and be non-judgmental of clients' values.
4. I will maintain that the client is responsible for all decisions he/she makes.
5. I might listen to, but will never take a position on, issues of religion or politics.
6. I will not give any medical, legal, or psychological advice.
7. I will not share personal information about myself, such as home phone number or address with clients.
8. I will not give clients money or transportation.
9. I will maintain the confidentiality of clients and staff.
10. I will not take a position on issues of birth control, pregnancy, or pregnancy termination with any of the Center's clients.
11. I will not talk with the media about any of the clients or investigative activities of the Center.
12. I will not discriminate for reasons of gender, race, age, sexual preference, or economic status.
13. I will complete all documentation for services provided and volunteer hours worked.

I have read, understand, and agree to abide by the terms set forth in the CACDC Intern Agreement. I understand that violation of these terms is grounds for dismissal from my internship.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

FAMILY SERVICES COORDINATOR \_\_\_\_\_ DATE \_\_\_\_\_

## REQUEST FOR CHILD ABUSE/NEGLECT CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK

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. Designated agencies use this form to forward requests for Central Registry checks and DPS Criminal History checks. Requestors have a right to know what information is provided and to correct any incorrect information.

### Texas Department of Family and Protective Services

**Elsa L. Mathis**  
**System Support Specialist**  
**503 Priest Drive**  
**Killeen, TX 76541**  
**254-200-4260**

**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
Residence Telephone No. (A/C)		Date of Birth	Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female	SSN
Race (check all applicable) <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black		Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine		
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 <input checked="" type="checkbox"/> Designee - Name of Designee: <b>Rebecca Truette (840219)</b> Please check below to indicate Agency the Designee Represents:</p> <p style="text-align: center;"><b>Children's Advocacy Center for Denton Cty</b></p> <p>Mailing Address of Designee (City, State, Zip): <b>1854 Cain Drive</b> <b>Lewisville, Tx 75077</b></p> <p>Email Address: <b>truette@cacdc.org</b></p>	<p><b>RESULTS OF CENTRAL REGISTRY CHECK:</b> FPS returns the results of the Central Registry checks to the <b>requestor or designee</b> indicated to the left. The requester is entitled to have the results provided to him or to designate another person or entity to receive <b>the results</b>.</p> <p><b>NOTICE - NOTICE - NOTICE:</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>hereby provided notice and cautioned</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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Type of Agency:	
<input type="checkbox"/> a Texas affiliate of Big Brothers/Big Sisters of America	<input type="checkbox"/> a Texas chapter of the Make-a Wish Foundation of America
<input type="checkbox"/> the "I have a Dream/Houston" program	<input checked="" type="checkbox"/> a local affiliate of Children's Advocacy Centers of Texas
<input type="checkbox"/> an organization providing Court-Appointed Special Advocates for abused/neglected children (CASA)	

Signature of Requester \_\_\_\_\_ Date of Request \_\_\_\_\_

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

[Notary stamp or seal]

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

DPS Criminal History Check Requested? (for designated agency use only) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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FPS Response for requested DPS checks: <input type="checkbox"/> Yes - The results of the Criminal History check are attached <input type="checkbox"/> No - FPS did not receive a criminal history from DPS on the person requested.
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**REQUEST FOR CHILD ABUSE/NEGLECT  
CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK**

**FORMS INSTRUCTIONS:**

Purpose - To request child abuse and neglect records from the FPS Central Registry of Child Abuse and Neglect, as well as a DPS Criminal History check.

Retention - Form 2970da and a copy of the response are to be retained by FPS for three years in administrative files, then destroyed in a manner consistent with observing the confidentiality of case and person information obtained from the Central Registry.

**DETAILED INSTRUCTIONS**

Required Identifying Information on Requester:

First, middle, last name - The requester enters his/her legal name. Note: if the requester does not have a middle name, leave the 'Middle Name' field blank.

Other Names or Spellings Used - First, Middle, Last - The requester enters his/her married name(s), maiden name, alias(es), name(s) he/she uses every day, etc., if different from legal name.

Residence street address, city, county, state, zip code - The requester enters this information on current primary residence.

Telephone number (A/C) - The requester enters primary telephone number, including the area code. If none, leave blank.

Date of Birth - The requester enters birth date.

Gender - The requester checks the box that represents the appropriate gender.

SSN - The requester enters social security number.

Race/Ethnicity - The requester checks the boxes that represent his/her race and ethnicity.

List other places you have resided (for a minimum of the past 5 years) - The requester enters the names of all the Texas cities where he/she has resided for at least the past 5 years, other than the current primary residence given above. If none, leave blank.

Send Results of Requested Checks to: Requester OR Designee - Name of Designee and Agency Designee Represents - At Mailing Address, Email Address - The requester checks the appropriate box to indicate whether he/she wants the results of the central registry check sent directly to him/her or to a designee. If to a designee, the requester enters the name of the designee, the agency the designee represents and the mailing and Email addresses to which the results of the central registry check are to be sent. Email addresses may facilitate more timely response to requests. DPS results will be sent to a designee, only.

Signature of Requester - The requester signs the form before a notary public.

Date of Request - The requester enters the date form was signed.

Subscribed and Sworn to Before Me this \_\_\_\_\_ day of \_\_\_\_\_ - Notary Public - Notary stamp or seal - The notary provides the information and signs and stamps/seals the form.

DPS Criminal History Check Requested - A representative of the Designated Agency providing the form should indicate whether a DPS Criminal History check is also being requested. DPS checks will be sent to Designees only.

FPS Response - This is for FPS use only when a DPS Criminal History check has been requested by a Designated Agency along with the Central Registry check.