



communitypartnersofdallas

THANKs  
Teens Helping Abused & Neglected Kids

## 2019-2020 GENERAL MEMBERSHIP APPLICATION INSTRUCTIONS

THANKs Teen Board is an organization of high school students who are committed to helping abused and neglected children by providing service through Community Partners of Dallas. Members are educated on the inner workings of Child Protective Services, as well as related educational topics that affect the children and families in our community. Being an active member of THANKs allows you the opportunity to learn about and help abused and neglected children. It's also a fun way to learn about service, fundraising and more! The training you receive will last a lifetime. THANKs offers 7 general meetings a year of which you must attend at least 3. THANKs offers many service opportunities in which you must attend at least 2.

To submit the application, please make sure that you have enclosed the following items:

- Signed copy of application
- \$40 check made payable to Community Partners of Dallas (These dues will establish the operating budget for THANKs and will also provide a t-shirt. These dues are non-refundable. Financial Aid Scholarships are available based on need - contact Melissa for more information.)
- Optional- current copy of your resume.

Applications will be reviewed based on answers submitted as well as in the interest of creating a well balanced, diverse membership.

Return all application materials to:

Community Partners of Dallas  
Attn: Melissa Bruce  
7950 Elmbrook Drive  
Dallas, TX 75247

You will receive word on the status of your application via email. For questions or more information, please contact Melissa Bruce at 214-624-7585 or [melissab@cpdtx.org](mailto:melissab@cpdtx.org)  
[www.CommunityPartnersDallas.org](http://www.CommunityPartnersDallas.org)

The mission of Community Partners of Dallas is to ensure safety, restore dignity, and inspire hope for the abused and neglected children served by Dallas County Child Protective Services.



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GENERAL MEMBERSHIP APPLICATION

First & Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ School: \_\_\_\_\_

Grade in 2019/2020 School Year: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_ Birthday: \_\_\_\_\_

Referred by (if applicable): \_\_\_\_\_

I submit that all the provided information is true and current to the best of my abilities. I understand that my participation in Community Partners of Dallas' THANKs Teen Board includes attending a minimum of 3 general meetings and 2 community service events over the course of the 2019-2020 year to maintain active status.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### GENERAL LIABILITY AND PARTICIPATION RELEASE

Applicant First & Last Name: \_\_\_\_\_

Mother's Contact / Emergency Information (\* Indicates Required Field)

\*First & Last Name: \_\_\_\_\_

Check Here if Address is Same as Student's

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

Company & Occupation: \_\_\_\_\_

#### Confidentiality Agreement

I PROMISE THAT I WILL HOLD IN CONFIDENCE ALL PERTINENT INFORMATION RELATING TO THE INDIVIDUAL CASES AND CLIENTS AT CHILD PROTECTIVE SERVICES IN DALLAS COUNTY AND COMMUNITY PARTNERS OF DALLAS. I WILL NOT VIOLATE THE CONFIDENTIAL RELATIONSHIP BETWEEN CPS, CPD, ITS VOLUNTEERS AND RELATED AGENCIES. I WILL NOT REMOVE ANY WRITTEN INFORMATION OR RECORDS WITHOUT EXPRESSED PERMISSION FROM THE PRESIDENT & CEO OR DESIGNATED PROFESSIONAL STAFF. I ACCEPT FULL RESPONSIBILITY FOR MAINTAINING THE CONFIDENTIAL AND PRIVATE NATURE OF ALL RECORDS AND INFORMATION. I UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE AND LIABLE FOR ANY VIOLATION OF THIS AGREEMENT.

#### Photo Release

I GIVE MY PERMISSION TO USE MY LIKENESS IN ANY PUBLIC RELATIONS MATERIALS FOR THE PROMOTION OF COMMUNITY PARTNERS OF DALLAS.

#### General Release

I AGREE TO, AND DO HEREBY, KNOWINGLY RELEASE, ABSOLVE, AND INDEMNIFY, AND HOLD HARMLESS, CPS COMMUNITY PARTNERS INC., ITS OFFICIALS AND EMPLOYEES, (A.K.A. COMMUNITY PARTNERS OF DALLAS) AND ITS OFFICERS, DIRECTORS AND VOLUNTEERS, BOTH JOINTLY AND SEVERALLY, FROM ALL CLAIMS THAT MIGHT RESULT FROM ANY ACCIDENT, PERSONAL INJURY, ILLNESS AND/OR DEATH TO THE UNDERSIGNED, OR FROM ANY DAMAGE TO OR LOSS OF ANY PROPERTY OF THE UNDERSIGNED, WHETHER OR NOT SUCH ACCIDENT, PERSONAL INJURY, ILLNESS, DEATH, DAMAGE OR LOSS ARISES FROM THE SOLE AND/OR CONTRIBUTORY NEGLIGENCE OF ANY PERSON OR ENTITY RELEASED HEREIN.

Applicant Signature for all three items above: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature for all three above items: \_\_\_\_\_ Date: \_\_\_\_\_

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Father's Contact / Emergency Information (\* Indicates Required Field)

\*First & Last Name: \_\_\_\_\_

Check Here if Address is Same as Student's

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

Company & Occupation: \_\_\_\_\_

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Applicant Signature for all three items above: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature for all three above items: \_\_\_\_\_ Date: \_\_\_\_\_

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**Policy and Procedure for Reporting and Responding to  
Suspicions of Child Abuse/Neglect**

Policy & Procedure for Reporting Child Abuse & Confidentiality Agreement

Child abuse and neglect are against the law in Texas and so is the failure to report them. If you suspect a child has been abused or mistreated, you are required to report it to the Texas Department of Family and Protective Services or to a law enforcement agency. You must make a report within 48 hours of the time you suspect the child may have been abused or neglected.

If you suspect a child has been abused or neglected, or if you have questions about whether the concern you have constitutes abuse or neglect, call the 24-hour toll free Abuse/Neglect Hotline at 1-800-252-5400. This call may be anonymous if you wish. If it is an emergency situation, call 911.

I promise that I will hold in confidence all pertinent information relating to the individual cases and clients at Child Protective Services, Dallas. I will not violate the confidential relationship between Child Protective Services, Dallas, its volunteers, and participating and related agencies. I will not remove any written information or records from the Child Protective Services, Dallas building without expressed permission from the President & CEO of Community Partners of Dallas or designated professional staff.

I accept full responsibility for maintaining the confidential and private nature of all records and information and I promise to immediately report any suspicions of child abuse and neglect to the proper authorities. I understand that I am personally responsible and liable for any violation of this agreement.

Applicant Signature for all three items above: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature for all three above items: \_\_\_\_\_ Date: \_\_\_\_\_

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### GENERAL MEMBERSHIP APPLICATION

Please answer each of the following questions. This is to help us better get to know you. This portion of the application should be **typed**. You should be creative and concise in your responses.

Please remember that we are looking for applicants who have an understanding of what THANKs has to offer, as well as a willingness to learn. If you have not already done so, please visit our website to learn a little bit more about CPD – [www.CommunityPartnersDallas.org](http://www.CommunityPartnersDallas.org).

1. What has made you want to join THANKs when there are so many ways to get involved in our community?
2. Name and describe 3 things/ ideas/concepts that you would like to learn about during your time on THANKs.