



CASA Serving Hill County

200 E. Franklin, Hillsboro, TX 76645 • Phone: 254-283-5082 • Email: lbriggs@texascasa.org

General Information

Date _____

Last Name _____ First _____ Middle _____

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

How long have you lived at this address? _____ If less than 5 years, please list your last address below:

Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Telephone Number - - - - - Mobile Number - - - - -

E mail Address _____ Date of Birth - - - - -

How did you hear about [YOUR CASA ORGANIZATION]? _____

Education

Please check the appropriate box.

Education High School Diploma Some College College Degree

Post Graduate PhD/MD Other

Employment/Volunteer History

Employment Status Full Time Part Time Retired

Student Homemaker Unemployed

Self-Employed

Employer/School: _____ Phone Number: _____ Occupation: _____

Language(s) Spoken English Spanish Other

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

Organization	Volunteer Supervisor	Projects/Responsibilities	Date of Participation	Reason for Leaving

Personal Background Information

1. Have you had any personal experience involving the following?

Please check all that apply. Family includes parents, grandparents, siblings and children. If you would prefer to discuss this information in the interview, please indicate this in the "Interview" column.

Type of Abuse	Self	Family	Interview
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposed to Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involved with Children's Protective Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse (Drugs, Alcohol, Prescriptions, Inhalants, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Have you ever been convicted of a felony?

Yes No

3. All CASA/CAC volunteers must have a valid driver's license and current automobile liability insurance. Volunteers must provide the CASA office with a copy of the most up-to-date liability insurance and a current driver's license in order to process your application.

Do you have a current valid Texas driver's license? Yes No

Do you have valid auto insurance? Yes No

Do you have access to a car? Yes No

Are you interested in transporting children as a CASA volunteer? Yes No

Have you been convicted of DWI/DUI in the last 10 years? Yes No

If you have been convicted of a DWI/DUI in the last 10 years, what was the disposition of the case(s)?

Short Answer Questions

Please answer the following questions below.

Please provide us with insight into your background and desires for volunteering. There is no “right” answer to this question. Please let us know if there is anything about you or your hobbies or interests that would be helpful for us to know when considering your CASA volunteer application and how well you would match with a child or sibling group. Feel free to discuss any historical information you feel especially shaped your life. Feel free to include information about your childhood, current family, current participation in community activities, organization memberships, and current lifestyle, such as career, hobbies, interests, etc.:

Please provide a short summary about your interest in volunteering with [YOUR CASA ORGANIZATION].

Volunteer Commitment for CASA VOLUNTEER

Please be aware that, as a CASA volunteer, your primary focus is to advocate for the needs of abused and neglected children, ranging in age from birth to 17. These children find themselves in foster homes and group homes after being removed from their family by Child Protective Services. Our volunteers collaborate with family members, caseworkers, lawyers, therapists and caregivers (foster parents, relatives, etc.) to provide a recommendation to the judge as to where the children will have a safe and permanent home. As such, volunteers are expected to visit people involved with the child, attend court hearings, prepare court reports and communicate with all involved in the child's life during the legal process.

Volunteers with full-time jobs will have to be flexible with their time throughout their one-year commitment. They will have to attend court hearings and "staffings" during business hours. Tasks may involve carrying children, walking up stairs, getting to the courthouse, using computers, etc.

1. Based on the description above, is there anything that could limit you from performing these duties?

Yes No

If yes, please explain:

Personal References

Please list three personal references.

- Please provide complete mailing addresses or email address where a reference questionnaire can be sent.
- References from relatives are not acceptable. Personal letters are not accepted.
- Volunteers must have 3 unrelated references submitted prior to completing pre-service training in order to take a case.

Reference #1

Name

Address

Apt. No.

City

State

Zip Code

Company

Telephone Number

Fax Number

Email Address

Relationship to Volunteer Applicant

Reference #2

Name

Address

Apt. No.

City

State

Zip Code

Company

Telephone Number

Fax Number

Email Address

Relationship to Volunteer Applicant

Reference #3

Name

Address

Apt. No.

City

State

Zip Code

Company

Telephone Number

Fax Number

Email Address

Relationship to Volunteer Applicant

Volunteer 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 CASA volunteer. I understand that all the information will be held in strict confidence and used only for the purpose of determining my suitability as a volunteer.

I understand that qualities of a successful CASA volunteer include interpersonal skills, compassion, punctuality, and reliability. I further understand that if concerns arise, CASA reserves the right to reject an applicant at any time, including during the training process or after certification.

I understand that all information provided to and obtained by CASA will be held in the strictest of confidence. CASA may, however, disclose to other agencies and organizations, which utilize volunteers, the fact that I applied for and/or served with CASA as a volunteer. Furthermore, all information obtained by CASA will be deemed to be the sole property of the Agency, and shall not be available to me or anyone outside the Agency. I understand and agree that I am not obligated if called upon to perform services of a CASA volunteer and that CASA is not obligated to assign or actively seek to assign a child to me.

As a CASA volunteer I will be willing to: (Please check each box to indicate "Yes.")

- Commit a minimum of a year to being a CASA volunteer
- Participate in CASA's 30+ hour volunteer training program
- Participate in 12 hours of continuing education training yearly
- Visit in person with the child(ren) to which I may be assigned at least monthly
- Prepare written reports to the court with guidance from CASA staff
- Participate and attend court hearings and meetings on my child's case during regular business hours
- Record and turn in a monthly log of my activities on my case

The criteria used in the selection of volunteers are designed to ensure that the individual is able to meet the responsibilities of a CASA volunteer.

Name (Please Print)

Signature

Date

Verification of Application Information and Release for Background Checks

I, _____, do hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize [YOUR CASA ORGANIZATION] to investigate my background and Motor Vehicle Record (MVR) as part of the screening process to determine my fitness / appropriateness as a potential volunteer. I give my permission for my references to be checked which may include past employers, volunteer organizations and personal references. The reference checks may be done by phone or in writing. I understand that not all applicants who apply to be a volunteer are chosen to participate in the program and that [YOUR CASA ORGANIZATION] reserves the right to deny an applicant into the volunteer program for any reason.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a [YOUR CASA ORGANIZATION] volunteer. Further, I understand that after the successful completion of my training, it will be my goal to serve a minimum of one year in the [YOUR CASA ORGANIZATION] program. If unforeseen circumstances prevent me from fulfilling this goal, I will submit my written resignation to the Program Director with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a volunteer. I will discuss these matters only with those persons directly involved in the case, or who will be consulted for their professional knowledge and expertise.

Name (Please Print)

Signature

Date

Consent for Criminal, CPS Background History Screening, and Social Security Verification

Each staff member or volunteer who is to be screened must sign an authorization/waiver/indemnity form, giving approval for the Agency to perform the criminal background search, CPS screening, and social security verification.

I HEREBY GIVE MY PERMISSION IN EXCHANGE FOR GOOD AND VALUABLE CONSIDERATION FOR [YOUR CASA ORGANIZATION] TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD AND CPS BACKGROUND RECORD. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCIES, MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATION. I ALSO GRANT PERMISSION FOR [YOUR CASA ORGANIZATION] TO VERIFY THE SOCIAL SECURITY NUMBER PROVIDED. 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 RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AND A PROCEDURE IS AVAILABLE FOR CLARIFICATION, IF I DISPUTE THE RECORD AS RECEIVED.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND DEFEND [YOUR CASA ORGANIZATION] AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER, AND ANY AND ALL RELATED ATTORNEY'S FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER/STAFF MEMBER. THIS INDEMNIFICATION DOES NOT INCLUDE ANY GROSS NEGLIGENCE OR INTENTIONAL TORTIOUS CONDUCT ON THE PART OF [YOUR CASA ORGANIZATION].

Signature

Printed Name

Felony Conviction Information

I have read this form in its entirety, including the attached list, and understand that the information will be verified by [YOUR CASA ORGANIZATION], and that the inclusion of any false information or the omission of any requested information is cause for my immediate dismissal by [YOUR CASA ORGANIZATION].

I agree to inform [YOUR CASA ORGANIZATION] if this information changes any time during my employment or participation in any of the programs of [YOUR CASA ORGANIZATION].

I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE FOLLOWING:

A. PROHIBITION FROM SERVING IN ANY CAPACITY AS AN EMPLOYEE OR VOLUNTEER OF A CHILD-RELATED / CHILD-FOCUSED AGENCY FOR ANY PERSON CONVICTED WITHIN THE PREVIOUS 10 YEARS (MINIMUM) OF:

1. Any felony or misdemeanor classified as an offense against person or family;
2. Any felony or misdemeanor involving public indecency;
3. Any felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act.

B. REASSIGNMENT OR REMOVAL FROM CONTACT WITH CHILDREN OF ANY EMPLOYEE OR VOLUNTEER WITH A CHILD-RELATED / CHILD-FOCUSED AGENCY FOR ANY OF THE FOLLOWING REASONS:

1. An indictment alleging commission of a felony classified as offense against the person or family, or of public indecency, or of a felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act;
2. An indictment alleging commission of a misdemeanor classified as an offense against the person or family or of public indecency;
3. An official criminal complaint accepted by a district or county attorney alleging commission of a misdemeanor classified as an offense against the person or family or of public indecency.

NOTE: See the following list for offenses against person or family or of public indecency.

CRIMINAL OFFENSES FROM THE TEXAS PENAL CODE

TITLE 5. CRIMES AGAINST THE PERSON

Murder	Aggravated Rape	Indecent Exposure
Capital Murder	Public Lewdness	Indecency with a Child
Aggravated Rape	Aiding Suicide	Sexual Abuse of a Child
Aggravated Kidnapping	Criminally Negligent Homicide	Assault
Voluntary Manslaughter	Kidnapping	Aggravated Assault
Involuntary Manslaughter	Aggravated Kidnapping	Deadly Assault on Peace Officer
Criminally Negligent Homicide	Sexual Abuse	Injury to a Child
False Imprisonment	Aggravated Sexual Abuse	Reckless Conduct
Terroristic Threat	Tampering with Consumer Products	

TITLE 6. OFFENSES AGAINST THE FAMILY

Bigamy
Incest
Interference with Child Custody
Enticing a Child
Criminal Nonsupport
Sale or Purchase of a Child
Solicitation of a Child
Harboring a Runaway Child

TITLE 43. PUBLIC INDECENCY

Prostitution

Promotion of Prostitution

Aggravated Promotion of Prostitution

Compelling Prostitution

Obscene Display or Distribution

Obscenity

Sale, Distribution, or Display of Harmful

Material to a Minor

Sexual Performance by a Child

I ACKNOWLEDGE THAT I HAVE EXAMINED THE ATTACHED LIST OF VIOLATIONS WITHIN THE PROHIBITED CLASS AND THAT I AM PROVIDING THE FOLLOWING INFORMATION RELATED THERETO:

I, _____, have have not

been convicted preceding this date of a felony or a misdemeanor within the prohibited class or any felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act.

I, _____, am am not

currently under indictment or charged in an official criminal complaint accepted by a district or county attorney with a felony or misdemeanor within the prohibited class.

Name (Please Print)

Signature of Volunteer or Employee

Date

FBC IDENTIFYING INFORMATION FORM

The following information is required to obtain the fingerprint based background check. This information will be provided to the Texas Department of Public Safety, the state entity that administers the fingerprint-based background check.

NAME	
STREET ADDRESS	
CITY, STATE, & ZIP CODE	
HOME PHONE	
CELL PHONE	
E-MAIL ADDRESS	
DATE OF BIRTH	
GENDER	
HEIGHT	
WEIGHT	
ETHNICITY	
HAIR COLOR	
EYE COLOR	
PLACE OF BIRTH	
CITIZEN COUNTRY	
DRIVERS LICENSE OR STATE ID NUMBER	
ISSUING STATE OF DRIVERS LICENSE OR STATE ID	
DRIVERS LICENSE TYPE	
EMPLOYER NAME	
EMPLOYER ADDRESS	
EMPLOYER CITY,ST & ZIP	
EMPLOYER PHONE	

This information will only be used to obtain the required FBC. Following the receipt of the check results, you may select the actions of the CASA program regarding this information:

Please select one of the following two options:

- I would like the original form returned to me (Persons selecting this option will receive the original form back via mail).
- I would like the CASA program to destroy the form.

Signature

Date