



CASA OF MCLENANN & HILL COUNTIES VOLUNTEER APPLICATION

GENERAL INFORMATION

First Name:		Middle Name:		Last Name:	
Address:				City:	
State:		Zip:		How long have you lived at this address? (If less than 7 years, please list last address below.)	
Address:				City:	
State:		Zip:			
Phone:			Email:		
Date of Birth:			Social Security Number:		
Driver's License #:			State of Driver's License:		

DEMOGRAPHIC INFORMATION

Please check the appropriate box:

Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Partner	
Education:	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Some College	<input type="checkbox"/> College Degree
	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> PhD/MD	<input type="checkbox"/> Other

FAMILY INFORMATION (if applicable)

Name of Spouse/Partner:		Spouse/Partner Employer:	
Children's Name & Ages:			
Other Household Members & Ages:			

EMPLOYMENT & VOLUNTEER HISTORY

Please check the appropriate box:

Employment Status:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Retired	<input type="checkbox"/> Self-Employed
	<input type="checkbox"/> Student	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Unemployed	
Employer/School:				
Occupation/Major:				

EMPLOYMENT & VOLUNTEER HISTORY, CONT.

Languages Spoken: English Spanish Other:

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

Organization	Volunteer Supervisor	Project Responsibilities	Date of Participation	Reason for Leaving

Have you ever been convicted of a crime?

Yes No

If yes, please list the charges and an explanation:

Do you have any personal or professional experiences with the following?

Child Abuse Foster Care Juvenile Court System Child Protective Services
 Emotional Abuse Sexual Assault Physical/Domestic Violence Drug/Alcohol Abuse

Please explain:

All CASA of McLennan & Hill Counties volunteers must have a valid driver's license and current automobile liability insurance. In order to process your application, prospective volunteers must provide our office with the most up-to-date liability insurance and a current driver's license.

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

Do you have valid auto insurance? Yes No

Do you have access to a car? Yes No

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

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

ESSAY QUESTIONS

Please answer the following questions below. There are no right answers to the questions, but it will provide us with insight into your background and your desires for volunteering. You are welcome to answer these questions on a separate piece of paper.

#1: Please write a brief autobiography. Be sure to include any historical information you feel shaped your life. Include information about your childhood, current family and current lifestyle, such as career, hobbies, interests, etc.

#2: Why do you want to become a CASA volunteer?

PERSONAL REFERENCES

- Please provide mailing or email address where a reference form can be sent.
- References from a relative are not acceptable.
- We must have three references in your file before accepting a case.

Reference #1

Name:	
Email Address:	
Address (with Zip):	
Phone:	
Relationship to You:	

Reference #2

Name:	
Email Address:	
Address (with Zip):	
Phone:	
Relationship to You:	

Reference #3

Name:	
Email Address:	
Address (with Zip):	
Phone:	
Relationship to You:	

Reference #4

Name:	
Email Address:	
Address (with Zip):	
Phone:	
Relationship to You:	

Reference #5

Name:	
Email Address:	
Address (with Zip):	
Phone:	
Relationship to You:	

VOLUNTEER ACKNOWLEDGEMENT

I hereby certify that the information submitted in the 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.

As a CASA volunteer, my primary focus is to advocate for the needs of the abused and neglected children who are in the custody of Child Protective Services. I will collaborate with family members, caseworkers, lawyers, therapists and caregivers to provide a recommendation to the judge as to where the children will have a safe and permanent home. I am 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. If I have a full-time job, I will be flexible with my time through my 1 year commitment. I understand that qualities of a successful CASA Volunteer include interpersonal skills, compassion, punctuality, and reliability. I further understand that if concerns arise, CASA of McLennan and Hill Counties reserves the right to reject any applicant at any time, including after interviews, during the training process and after being sworn in.

I understand that all information provided to and obtained by CASA of McLennan and Hill Counties will be held in the strictest of confidence. CASA of McLennan and Hill Counties may, however, disclose to other agencies and organizations which utilize volunteers the fact that I applied for and/or served with CASA of McLennan and Hill Counties as a volunteer. Furthermore, all information obtained by CASA of McLennan and Hill Counties 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 the services of a CASA Volunteer. CASA of McLennan and Hill Counties is not obligated to assign or actively seek to assign a case to me.

As a CASA Volunteer, I am willing to: (please check each box for "YES")

- Make a 1-year commitment to being a CASA Volunteer
- Participate in CASA's 30+ hour volunteer training
- Annually, participate in 12 hours of continuing education annually
- Monthly, visit in-person with the child(ren) to whom I may be assigned
- Prepare written reports to the court with guidance from CASA staff
- Participate and attend court hearings and meetings on my child's case during 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 minimum responsibilities of a CASA volunteer.

Printed Name

Signature

Date

VERIFICATION OF APPLICATION INFORMATION & RELEASE FOR BACKGROUND CHECKS

I do hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize CASA of McLennan and Hill Counties to investigate my background and Motor Vehicle Record 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 CASA of McLennan and Hill Counties reserves the right to deny an applicant into the volunteer program for any reason.

I understand that if I refuse to sign this form, or if I fail to provide the information needed for CASA of McLennan and Hill Counties to perform my background checks, my application to be a CASA Volunteer will be rejected.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA Volunteer with CASA of McLennan and Hill Counties. Further, I understand that after the successful completion of my training, it will be my goal to serve a minimum of one year with CASA of McLennan and Hill Counties. If unforeseen circumstances prevent me from fulfilling my goal, I will submit my written resignation to the Director of Volunteers with as much advance notice as possible.

Printed Name

Signature

Date

CONFIDENTIALITY OATH

In the best interest of the clients that are served by CASA of McLennan and Hill Counties, I _____ (print name clearly) do hereby solemnly promise and pledge that I will faithfully and to the best of my ability preserve the confidentiality of any and all information learned, holding all such matters in the strictest of confidence, never to divulge or discuss outside the CASA of McLennan and Hill Counties offices.

Printed Name

Signature

Date

Director of Volunteers

Signature

Date

MEDIA RELEASE

I, _____ (print name clearly), will allow CASA of McLennan and Hill Counties to use my name in print and/or electronic media and/or videos of me for the promotion of its program, as applicable.

Printed Name

Signature

Date

Director of Volunteers

Signature

Date

DFPS BACKGROUND CHECK: COLLECTION FORM FOR CASA EMPLOYEES/VOLUNTEERS

First Name	
Middle Name	
Last Name	
Other Names Used	
Street Address	
City	
County	
State	
Zip Code	
Phone	
Email Address	
Date of Birth	
Gender	
Social Security #	
Race (Check All that Apply)	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Nat Hawaii/Pac Island <input type="checkbox"/> None of the Above <input type="checkbox"/> Unable to Determine
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine
List Other Places You've Lived in the Last 5 Years (include Zip Codes & County)	
Eligible for Case Connection	NO
I am the person listed above and the information I provided is true and correct. I grant permission to the CASA program to request a Texas Abuse and Neglect background check through the Texas Department of Family and Protective Services on my behalf.	

Printed Name

Signature

Date

DFPS SECURITY AGREEMENT FOR CASA EMPLOYEES/VOLUNTEERS

This agreement is for individuals who are not employees of the Texas Department of Family and Protective Services (DFPS), but who will be provided confidential information as part of a project contract, or agreement between DFPS and the organization the individual represents.

I understand and acknowledge that information made available to me by the Department of Family and Protective Services contains data that is considered confidential under law. I will use this information with discretion in performing my duties and responsibilities as a CASA Staff or Volunteer and will disclose information to other individuals only to the extent that is specifically authorized under the contract or agreement in place between my organization and DFPS. If at any time a question or problem arises with regard to the release of information, I will not release the information until I am so authorized. Under no circumstances will I access or release confidential information on purpose other than in the performance of my duties and responsibilities as a CASA Staff or Volunteer as they relate to the contract or agreement with DFPS. I understand that if I use this information in an unauthorized manner, I may be subject to prosecution under one or more applicable statutes and will no longer be allowed access to the information provided to my organization. If I am eligible for access to Case Connection, I acknowledge that I have read and understand the DFPS Security Requirements provided to me as part of this security agreement.

Printed Name

Signature

Date