

Volunteer Application

CASA for the Cross Timbers Area, Inc.

CASA for the Cross Timbers Area, Inc. covers four counties: Eastland, Erath, Hamilton and Bosque. This volunteer application is for potential volunteers in all four counties. When you see CASA or CASA for the Cross Timbers Area, Inc. as you are filling out your application, be aware that that implies any and all of these counties.

Date _____

Last Name _____ First Name _____

Are you known by any other names? _____

Address _____ City _____

State _____ Zip _____ How long have you lived in Texas? _____

If less than 5 years, your last address _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Fax # _____

Email address _____

Driver's License # _____ State _____ Expiration Date _____

Date of Birth _____ Place of Birth _____ Sex: M F

Height _____ Weight _____ Hair Color _____ Eye Color _____

Language(s) you speak _____ Ethnicity _____

Education Completed High School ___ AA/AS ___ BA/BS ___ MA/MS ___ PhD/EdD ___

Current student ___ Where? _____

Spouse's Name _____ Phone _____

How did you hear about the CASA for the Cross Timbers Area, Inc program? _____

Have you ever applied to this or another CASA program before? _____

When are you available to begin training? _____

EMPLOYMENT HISTORY (present employer first):

NAME OF COMPANY & DATES EMPLOYED	POSITION	SUPERVISOR	ADDRESS AND PHONE #	REASON FOR LEAVING

List any community groups in which you are presently active (professional associations, faith communities, service organizations, etc):

Do you have any experience working with children? Yes _____ No _____
 (If yes, please give organization names and details)

Do you give CASA for the Cross Timbers Area, Inc., permission to obtain information from these companies and/or community organizations? Yes _____ No _____

If no, please explain _____

Current Employment Status:

Full Time _____
 Part Time _____ Hours: _____
 Retired _____
 Other _____

Current Marital Status:

Single _____
 Committed Relationship _____
 Married: _____ Date: _____
 Widowed: _____ Date: _____
 Divorced _____ Date: _____
 Separated _____ Date: _____

If married/committed: Spouse/Partner's Name _____

Spouse's/Partner's Employment and Position _____

Please list names and ages of all of your children and where they reside: _____

Are you currently in the middle of any type of child custody dispute? _____

Have you or your family had personal/ professional experience with:

(If yes, please give a brief explanation)

Child Protective Services	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
Juvenile court system	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
Foster care	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
Other child service agencies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____

Please answer the following questions and give details and explanations if answer is yes:

Have you ever been hospitalized for an emotional issue?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you now, or have you had a drug/alcohol abuse or dependency problem?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any kind of health impairment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Details: _____

CRIMINAL HISTORY

CASA for the Cross Timbers Area, Inc. is required to conduct an extensive background check, including a criminal records check which will reveal any arrest, charge or conviction. Please respond to the following questions so that this history can be discussed and evaluated. **If you answer yes to any of the following questions, please offer an explanation in the space provided below.**

Have you ever been arrested/ charged and/or convicted of a misdemeanor?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been arrested/ charged and/or convicted of a felony	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been or are you currently on probation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever had any DWI arrests, charges, or convictions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever had your driver's license revoked or suspended?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been arrested/ charged or convicted of any sexual misconduct (including pornography)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Details:

PLEASE RESPOND TO THE FOLLOWING STATEMENTS:

I am interested in working with children and families as a CASA volunteer because

Any hesitations or concerns regarding my participation in the CASA program at this point are...

My personal strengths that I will use while a working as a CASA volunteer is...

My personal weaknesses that I will continue to work on as a CASA volunteer are...

Have you or any member of your family ever been involved with a case that was heard in the District/County Courts in any of the four counties?

Please provide COMPLETE contact information for five non-family references that have known you for at least one year.

Please do not list a relative or significant other. If you are employed, one of your contacts must be your employer/supervisor. **Physical Address Must Be Included. Email if available.**

(1) Name _____ **Phone** _____

Address _____ **Email** _____

Relationship to you _____

(2) Name _____ **Phone** _____

Address _____ **Email** _____

Relationship to you _____

(3) Name _____ **Phone** _____

Address _____ **Email** _____

Relationship to you _____

(4) Name _____ Phone _____
 Address _____ Email _____
 Relationship to you _____

(5) Name _____ Phone _____
 Address _____ Email _____
 Relationship to you _____

The Undersigned acknowledges and agrees that:

I am interested in becoming a CASA volunteer, and know of no reasons why I should not be assigned to a child in the CASA program. I am aware that the children CASA serves have been abused, neglected, or abandoned by adults. I do not want to be another cause of disappointment to a child, and acknowledge that I will make a commitment of at least one year to the child(ren) and case to which I may be assigned.

As a CASA volunteer I will be willing to: (Please write yes or no)

- _____ Commit a minimum of a year to being a CASA volunteer.
 _____ Participate in CASA's new volunteer training program.
 _____ Participate in further training as offered to active volunteers in the program.
 _____ Visit in person with the child(ren) to which I may be assigned.
 _____ Prepare written reports to the court with the guidance and assistance of CASA.
 _____ Participate and attend court hearings and meetings on a child's case.

I understand that I will need to have a valid driver's license and carry liability insurance on my car. I agree to maintain this minimum liability insurance throughout my program participation with CASA. I understand that I may transport a child during the course of my CASA duties, and must have proof of liability insurance in my CASA file.

I have attached a copy of my driver's license. Yes _____ No _____

I have attached with this application a proof of car insurance Yes _____ No _____

As an applicant to CASA for the Cross Timbers Area, Inc., I understand and acknowledge that: CASA for the Cross Timbers Area, Inc., is not obligated in any way to accept me into the volunteer training program by submission of this application.

CASA for the Cross Timbers Area, Inc retains the right to refuse any individual they feel would not be in the best interest of the program, and further, CASA is not required to state reason(s) for non acceptance into the program.

CASA for the Cross Timbers Area, Inc will hold all information in the volunteer's file in strictest confidence. Such information becomes the property of CASA for the Cross Timbers Area, Inc.

I authorize CASA for the Cross Timbers Area, Inc. to conduct all background checks necessary to insure the safety and suitability of all program clients and participants including the request of a criminal record check by the Federal Bureau of Investigation. I agree that the results of all background checks will be sent directly to the office of CASA for the Cross Timbers Area, Inc.

I give permission to CASA for the Cross Timbers Area, Inc to release information about my application, acceptance, and/or participation in this program to any other CASA program to which I may apply in the future.

I understand that my refusal to sign a release of information form or submit the required information or fingerprints for any of the checks required will result in the rejection of this application.

I have truthfully responded to all of the questions on this application.

Signature of applicant

Date

Casa for the Cross Timbers Area requires that you provide emergency contact information.

Please provide information of the person(s) we may contact in case of an emergency.'

Last Name: _____

First Name: _____

Address: _____

Relationship: _____

City: _____

State: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____