

Court Appointed Special Advocates of North Texas
P.O. Box 615
Gainesville, Texas 76241
Telephone: (940) 665-2244
Facsimile: (940) 665-2422

PERMISSION TO CONTACT REFERENCES

I hereby give permission to CASA of North Texas to inquire about my qualifications and/or character. I understand that this reference check may be made by phone or in writing, and will include present and past employers, volunteer organizations and personal references.

Further, I agree to clearance by the Texas Department of Public Safety or any police or sheriff's department and/or TDHS Child Welfare by means of a computer check.

My Social Security Number: ___ ___ - ___ - ___

My Date of Birth: ___ / ___ / ___

Maiden Name: _____

If a Texas resident less than three years, I previously resided in [state(s)]:

Signature of Volunteer

Date

Signature of Executive Director

Date