

VOLUNTEER APPLICATION-CASA OF NORTH TEXAS

Volunteer Applicant Information

Name: _____

Date of Birth: ___/___/___ ___ Male ___ Female

Ethnicity: African American ___ Asian American ___ Caucasian ___

Hispanic/Latino ___ Native American ___ Other _____

Address: _____

Home Phone: _____ Pager: _____

Cell#: _____ Fax: _____

E-mail: _____

Social Security No.: _____

Do you have transportation? ___ Yes ___ No

Driver's License? ___ Yes ___ No

State _____ Number _____

Please attach copy of Driver's License

Do you carry liability insurance on your vehicle? ___ Yes ___ No

Auto PolicyHolder: _____

Do you agree to maintain this policy throughout your possible participation in the CASA program? ___ Yes ___ No

Please attach proof of insurance.

Employment Information

Status: ___ Full Time ___ Part Time ___ Student ___ Not Employed ___ Retired

Place of Employment: _____

Address: _____

Work Phone: _____ Ext.: _____

Work Fax: _____ Work e-mail: _____

Position: _____

Supervisor Name: _____

May you be contacted at work? _____

A somewhat flexible daytime schedule is recommended. Do you have any personal/employment constraints that you feel will restrict you from keeping occasional daytime appointments? ___ Yes ___ No If yes, please explain below.

Marital Status: Single Married Separated Divorced

Name of Spouse: _____

Spouse's Place of Employment and Phone Number:

Children's Name(s) and Date(s) of Birth:

Education: Student Part-Time Full-Time _____ Graduation Date

Some High School

Some College

GED

College Graduate

High School

Post-Graduate

Primary Language: English French Signing

Spanish Other

Secondary Language: English French Spanish

Other Signing

Skills & Interests

Skills:

Interests:

EMERGENCY CONTACTS

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

How did you become aware of Child Advocates?

*Job Field *Flyer/Brochure *Special Event *Friend/Colleague
*Newspaper *Television ad

(Name) (Specify which)
*Other_____

Do you have any experience working with children? ___Yes___No
If yes, please explain type of activity/ages of children professional or
volunteer._____

Have you ever applied with this CASA program or another CASA program before?
___Yes ___No
If yes, please explain: _____

As a CASA Staff/Volunteer:

Do you agree to complete the 30-hour provided training course? ___Yes___No

Do you understand there is a minimum commitment of at least one year? ___Yes ___No

Are you willing to participate in in-service training with CASA at least 3 times per year?
___Yes___No

Are you willing to attend all hearings and meetings in your case when they are
scheduled? ___Yes___No

Are you willing to visit a family in their home, or with an institutionalized child?
___Yes___No

Are you willing to participate in fact finding, monitoring and report your knowledge
orally and in written form to the court? ___Yes___No

Do you agree that your first six months in the CASA program are probationary?
___Yes___No

What are the strengths that you feel you will bring to this program?

What are your concerns about being an Advocate, if any?

Volunteer Activities

Please list any other volunteer work, clubs, organizations or board memberships that you are currently involved with, or have been involved with, in the past.

(Organization) (City, State) (Duties and Length of Service)

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Do you give CASA of North Texas permission to obtain information from the agency (ies) or club(s) or board(s) regarding your previous volunteer experience?

____ Yes _____ No If no, please explain: _____

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

Child Abuse: _____ Yes _____ No

Foster Care: _____ Yes _____ No

CPS(Child Protective Services): _____ Yes _____ No

Drug and/or Alcohol abuse or use: _____ Yes _____ No

Criminal, Juvenile or Family Court System: _____ Yes _____ No

Other Child Service Agencies: _____ Yes _____ No

Have you or any member of your family ever been involved with a case that was heard in the 235th Judicial District Court of Cooke County? _____ Yes _____ No

If yes to any of the above questions, please explain below.

1. Have you been cited for any moving traffic violations in the past 3 years?

____ Yes ____ No

2. Have you ever been arrested for or convicted of DWI/DUI? ____ Yes ____ No

3. Have you ever been charged and/or convicted of a felony? ____ Yes ____ No

4. Have you ever or do you now engage in sexual misconduct that, if known, could cause harm to a child, you or CASA of North Texas? ___Yes___No
5. Have you ever been charged or convicted of sexual misconduct (including pornography)? ___Yes ___No
6. Have you ever been or are you currently on probation and/or parole?
___Yes ___No
7. Have you ever had your license revoked or suspended? ___Yes___No
8. Do you have any kind of health impairment? ___Yes___No
9. Are you now or have you ever received counseling? ___Yes___No
10. Have you ever been hospitalized for an emotional problem? ___Yes___No
11. Do you now or have you ever had a chemical or alcohol dependency/abuse problem?
___Yes___No
12. Are you now or have you been treated in the last 10 years for chemical or alcohol dependency or abuse? ___Yes___No
13. Are you, or any relative in your immediate family, a convicted sex offender?
___Yes___No

If yes to any of the above questions, please provide below offenses, dates and time served if applicable.

Do you give CASA of North Texas permission to obtain additional information for screening purposes from other sources? ___Yes___No

PERSONAL REFERENCES

Please list three personal references not related to you. If you are employed, one reference should come from a professional. **Relatives cannot be used as references.**

Important Note: *You may not be sworn in by the court until your references have been returned to CASA. Please notify each reference that we will be contacting them by mail.*

Please print or type the name and full address neatly.

1. Name _____
Address: _____
Telephone: _____
Relationship _____
Years known: _____

2. Name _____
Address: _____
Telephone: _____
Relationship _____
Years known: _____

3. Name _____
Address: _____
Telephone: _____
Relationship _____
Years known: _____

4. Name _____
Address: _____
Telephone: _____
Relationship _____
Years known: _____

THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT:

1. He/she is not obligated, if called upon, to accept a case herein applied for.
2. CASA is not obligated to assign or actively seek to assign him/her to a case.
3. As a part of CASA of North Texas' policy, additional personal information will be gathered during the pre-interview process.
4. CASA of North Texas retains the right to refuse any individual that it feels would not be in the best interest of the program and further CASA of North Texas is not required to state the reason(s) for non-acceptance.
5. The volunteer's file is held in strictest confidence and becomes the property of CASA of North Texas.

My signature indicates I have given my permission for any information on this form to be verified and for references to be contacted by mail. I also give my permission to release information about my experience as a CASA volunteer to any other CASA program to which I may apply to in the future.

I have truthfully responded to all of these questions in this application:

Applicant's Signature

Date

Equal Opportunity Statement: It is the policy of CASA of North Texas, to implement affirmatively equal service to all clients without regard to race, religion, sexual orientation, group, age, gender or national origin.

Why do you want to be a CASA volunteer?

INSURANCE LIABILITY RELEASE

CASA of North Texas like other volunteer organizations is unable to fund liability insurance to cover Volunteers and Staff.

CASA of North Texas Board of Directors requests your signature as notice and acknowledgement of this fact.

I, _____, am aware that CASA of North Texas is unable to provide liability insurance coverage.

Signature

Date

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 any necessary Police Department and/or TDPRS by means of computer check.

Please print.

Full Name: _____

Maiden Name: _____

Date of Birth: _____

Social Security#: _____

I have been a Texas resident less five years. I have previously resided in the state(s) of _____

Signature

Date