

VOLUNTEER APPLICATION

The goal of the volunteer application and interview is for CASA staff to learn more about you, for you to learn more about the role of CASA volunteers and to determine if this volunteer opportunity is a good match for your interest and skills. An invitation to be interviewed or acceptance into the CASA training program does not guarantee acceptance into the program.

Please Print Legibly

Date of application: _____

Name:	
Nickname (preferred):	
Date and Place of Birth:	
Social Security Number:	
Male or Female:	
US Citizen:	
Preferred Phone:	
Work Phone:	
Home Phone:	
Cell Phone:	
Email address:	
Mailing address:	

Emergency Contact 1:	
Relationship	
Work Phone:	
Home Phone:	
Mailing address:	
Emergency Contact 2:	
Relationship	
Work Phone:	
Home Phone:	
Mailing address:	
Emergency Contact 3:	
Relationship	
Work Phone:	
Home Phone:	
Mailing address:	

	Marital Status		Children – Gender/Age
	Single		
	Married		
	Divorced		
	Separated		

Have you ever been convicted of a misdemeanor or felony?

Yes **No**

If yes please explain:

Residences (List last ten years, starting with current. (Use separate sheet if necessary.)

Month/Year	Street Address	City/County/State

Vehicle Operators License information

Type	Number	Expiration	Place of Issue

Have you ever been denied a license or had your license suspended or revoked?

Yes **No**

If yes, please explain:

Please check the program(s) for which you are applying

Advocacy		Special Events	
Fundraising		Office	

Share with us:

How much actual time per week can you give to CASA?	
Are you available during the daytime Monday through Friday?	
How did you hear about CASA?	
Special skills or other interests (please list).	

EDUCATION (CASA does not require a college education.)

Highest level of completion:	
Name of School:	
Degree/Date:	
Area of Study:	
Are you fluent in a different language? If yes, which?	

Describe your use of Alcohol:	
Describe your use of drugs (prescription)	
What is your current state of health?	
Describe any limitations on activities:	

EMPLOYMENT (Beginning with most recent, list history for the past five years, including part-time, temporary, or seasonal employment-use separate sheet if necessary.)

Date From:		Date To:	
Title:		Supervisor:	
Employer:		Phone:	
Employer Address:		Duties:	
Reason for Leaving?			

Date From:		Date To:	
Title:		Supervisor:	
Employer:		Phone:	
Employer Address:		Duties:	
Reason for Leaving?			

Date From:		Date To:	
Title:		Supervisor:	
Employer:		Phone:	
Employer Address:		Duties:	
Reason for Leaving?			

Have you ever had difficulties with employment? (Finding a job-keeping a job, etc)

- Yes No

Were you ever discharged, asked to resign, furloughed or put on inactive status for cause, or subjected to disciplinary action while working in any of these organizations?

- Yes No

Have you resigned after being informed employer intended to discharge you?

- Yes No

If yes to any of the above, please explain:

Volunteer Experience (Past five years)

Date From:		Date To:	
Agency:		Supervisor:	
Job:		Phone:	
Duties:			

Date From:		Date To:	
Agency:		Supervisor:	
Job:		Phone:	
Duties:			

Date From:		Date To:	
Agency:		Supervisor:	
Job:		Phone:	
Duties:			

Did any of your volunteer experiences involve working with children?

Yes No

REFERENCES Provide the names of at least five (5) references. At least four (4) must be Professional references (i.e., current/past employer, co-worker, volunteer supervisor, etc.)

Name		Relationship:	
Years Known:		Phone:	
Address:			
Email:			

Name		Relationship:	
Years Known:		Phone:	
Address:			
Email:			

Name		Relationship:	
Years Known:		Phone:	
Address:			
Email:			

Name		Relationship:	
Years Known:		Phone:	
Address:			
Email:			

Name		Relationship:	
Years Known:		Phone:	
Address:			
Email:			

I certify that I have made no willful misrepresentations, omissions or falsifications in this application which includes general, employment, volunteer or educational data and that the entries made by me above are true, complete, and correct to the best of my knowledge. Any willful misrepresentation or falsification in this application will cause my disqualification for participation in the program and/or immediate termination, if discovered later.

Signature

Date

CASA of Bastrop, Fayette and Lee Counties is an equal opportunity employer. CASA reserves the right to disqualify any applicant who would not be appropriate for the CASA program. Any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect or related acts that would pose risks to children or CASA Bastrop, Fayette and Lee Counties programs credibility is not accepted as a CASA Volunteer.

CASA of Bastrop, Fayette and Lee Counties conducts background checks on all Volunteers.

If an applicant is found to have committed a misdemeanor or felony that is unrelated to or would not pose a risk to children and would not negatively impact the credibility of CASA Bastrop, Fayette and Lee Counties, the CASA program will consider the extent of the rehabilitation since the misdemeanor or felony was committed as well as other factors that may influence the decision to accept the applicant as a CASA volunteer.

Please return completed application to: CASA of Bastrop, Fayette and Lee Counties.
Deadline is fast approaching P.O. Box 623
 Bastrop, Texas 78602
 Phone (512) 303-2272
 Fax (512) 303-9637

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

This authorizes CASA to contact references and past employers for information regarding my ability to perform the functions of a Court Appointed Special Advocate, office and/or fund development support.

A PHOTOSTAT OF THIS AUTHORIZATION WILL BE VALID AS THE ORIGINAL.

Signature

Date

Print or type name



VOLUNTEER COMMITMENT

Upon signing this statement, I _____, am making a commitment to CASA of Bastrop, Fayette and Lee Counties, and I will serve as a CASA volunteer.

I WILL ENDEAVOR TO:

1. Serve on at least one case, from the time the case is assigned to me until a permanent plan for the child is implemented.
2. Give all the time necessary to provide the court with the information necessary to make an informed decision for the child and to assure that the child/children receives adequate representation of their best interest. The time required is a minimum of 10 hours per month.
3. Attend all court hearings, permanency conference (PC), ARD (Special Education), meetings and other meetings regarding my CASA child(ren) or contact CASA staff so that a representative from that office can represent me.

I WILL:

4. Maintain strict confidentiality: to maintain confidentiality, the CASA Volunteer:
 - a. Does not discuss the specifics of his/her child's case with spouse, children, friends, or others.
 - b. May only discuss his/her child's case with a CASA staff or persons who are a party to the case.
5. Uphold CASA of Bastrop, Fayette, and Lee Counties policy regarding CASA children and a volunteer's home. It is not permissible for the CASA volunteer to invite and/or receive CASA children or family members into his/her home.
6. Attend a minimum of twelve (12) hours of on-going training annually to:
 - a. Improve my ability to deal with abused children and their families.
 - b. Increase my knowledge about family violence, child abuse, and other closely related topics
7. Contact CASA of Bastrop, Fayette and Lee Counties staff either weekly or bi-weekly to inform him/her of the children's status and to review the casework goals.
8. Record all statistical data and turn in monthly to the CASA office.
9. Turn in court reports in a legible form and on time (10 days prior to hearing).
10. Dress in an appropriate, professional manner while representing CASA.

11. Notify CASA staff immediately if I cannot perform the above commitments.
12. In situations where I and the CASA staff have a disagreement regarding action to be taken (or not taken) on a case or recommendations to be presented to the court in regard to the case and an agreement as to the course or action or recommendation cannot be reached, I will defer to the decision of the CASA staff.

CASA of Bastrop, Fayette and Lee Counties will:

13. Provide ongoing training, supervision and help in evaluation my work.
14. Provide professional consultation and necessary support in order to promote appropriate intervention into the child’s situation and to facilitate appropriate recommendation about placement and permanency issues.

This agreement is entered into for the purposes of providing the best possible advocacy for the child/children with whom I will work. I fully understand that failure to comply with any of the above requirements may result in my termination from the volunteer staff of CASA of Bastrop, Fayette and Lee Counties.

Volunteer Signature

Date

Executive Director

Date



CASA

Court Appointed Special Advocates
FOR CHILDREN

**CASA OF BASTROP, INC.
SERVING BASTROP, LEE
AND FAYETTE COUNTIES**

PLEDGE OF CONFIDENTIALITY

I promise that I shall hold in confidence all pertinent information. I will not violate the confidential relationships between CASA, its volunteers, related agencies, courts and all parties interviewed. I will not remove from the office of CASA without expressed permission any written records.

I will return all information that I have gathered, together with any printed matter or notations relevant to any and all cases to which I have been assigned, at the close of a case or if my service to CASA comes to an end.

I accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and may be liable for any violation of this agreement.

Signature

Date

Witness

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. **Please Complete all information!**

First Name			
Middle Name (if none put NMN)			
Last Name		Suffix	
Maiden/ Previous Names			
Home Address		APT Number	
Mailing Address			
City, State, ZIP			
Home Phone		Work Phone	
Cell Phone			
Email Address			
Date of Birth		Place of Birth	
Gender			
Race			
Height			
Weight			
Hair Color			
Eye Color			
Preferred Language			
DL or State ID Number		DL Type	
Issuing State of Driver's License or State ID			

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

DFPS Background Check: Information Collection Form for CASA Employees / Volunteers

First Name		Middle Name		Last Name	
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last					
Residence Street Address					
City		County		State	Zip Code
Residence Telephone Number			Alternate Telephone Number		
Date of Birth		Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female		SSN	
Race (check all applicable) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Nat Hawaii/Pac Island <input type="checkbox"/> Unable to Determine (or, none of the above)				Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine	
List other places you have resided (for a minimum of the past 5 years)					
Eligible for Case Connection: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Email Address of the Subject of the Background Check:					

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.

Signature: _____ Date of Consent: _____

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 this information to other individuals only to the extent that it 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 for any 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.

Attached please find: DFPS Requirements and Guidelines for CASA organizations.

Signature

Date

