



200 Palo Pinto Street, Suite 107, Weatherford, TX 76086

Phone: (817)599-6224 Fax: (817)887-5541

E-mail: Casa@casaofparkercounty.com Website: www.casaofparkercounty.com

CASA VOLUNTEER APPLICATION

Note: Once you have completed the application, please mail or deliver it, along with a copy of your driver's license and proof of current auto insurance, to the address above. **PLEASE PRINT CLEARLY.**

Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone (home): _____ (cell): _____

Work phone: _____ E-mail: _____

May you be called at work? Yes No

Have you ever lived outside Texas? Yes No

If so where? (Please give at least a five-year address history.)

Date/Address _____ City/State/Zip _____

Date/Address _____ City/State/Zip _____

Date/Address _____ City/State/Zip _____

Date/Address _____ City/State/Zip _____

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

Languages Spoken: _____

Hobbies/Special Interests: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

Place of Birth: _____ State/Country _____

Marital Status: Single Married Divorced Separated Widowed

If married, give husband/wife's: Name: _____ Occupation: _____

Children's Name/ Date of Birth/Gender:

Name: _____ Date of Birth _____ Gender: _____

Name: _____ Date of Birth _____ Gender: _____

Name: _____ Date of Birth _____ Gender: _____

Do you drive? Yes No

Driver's License Number: _____ Expires _____

Do you have an automobile available to you? Yes No

How would you describe your health? Excellent Good Fair Poor (please explain below)

Do you take any medication on a regular basis? If so, please give the name of the medication and purpose.

EDUCATION (Please circle highest completed.)

High School: 9 10 11 12 GED College: 1 2 3 4 Graduate: 1 2 3 4

Major: _____

Degree: _____

Are you presently enrolled in school? Yes No

If yes, name of school and course of study: _____

WORK HISTORY (Please use back of this sheet if necessary.)

Present or most recent employer:

Occupation: _____

Place of Employment: _____ Phone Number: _____

Address: _____

Dates: From ___/___/___ to ___/___/___ Supervisor's Name: _____

Brief Description of work: _____

Previous employer:

Occupation: _____

Place of Employment: _____ Phone Number: _____

Address: _____

Dates: From ___/___/___ to ___/___/___ Supervisor's Name: _____

Brief Description of work: _____

CASA Volunteers typically put in 10-15 hours per month on their cases. They are able to do most of their case work after hours and on the weekends. However, a volunteer may have a court hearing every 3 to 4 months. Hearings usually last 1-2 hours and are scheduled during a weekday. A volunteer is notified of the date and time in advance and is encouraged to attend these court hearings during the day with their CASA supervisor. Would your employer allow you to attend your CASA child's court hearings? Yes No

Do you have formal training or work experience in any of the following? (Please check all that apply.)

<input type="checkbox"/>	Clerical	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Psychology	<input type="checkbox"/>	Child Development	<input type="checkbox"/>	Drug/Alcohol Programs
<input type="checkbox"/>	Child Care	<input type="checkbox"/>	Child Welfare	<input type="checkbox"/>	Social Work
<input type="checkbox"/>	Education	<input type="checkbox"/>	Criminology	<input type="checkbox"/>	Law Enforcement
<input type="checkbox"/>	News Media	<input type="checkbox"/>	Writing	<input type="checkbox"/>	Advertising
<input type="checkbox"/>	Public Speaking	<input type="checkbox"/>	Other:		

If you checked one of the above, please describe: _____

- Are you available to complete 30 hours of initial volunteer training? Yes No
- Most of our children are placed in foster homes, group homes, or residential treatment centers in Parker County. Can you see yourself visiting a child in one of these placements? Yes No
- There are some cases in which the family is still involved. Can you see yourself visiting a family in their home? Yes No
- CASA volunteers are required to keep up their advocacy education. CASA of Parker County provides ongoing training for their volunteers. Will you be available to attend 12 hours of ongoing training per year? Yes No
- Have you ever been arrested/convicted of a felony or child abuse/neglect? Yes No

If you answered yes, please briefly describe the circumstances of your arrest, conviction and/or charges, indicating date, nature, and place of the offense(s) and disposition of the case(s).

A felony conviction and charges of child abuse/neglect will preclude all persons from being accepted into the CASA Program.

Acceptance into the CASA Program is contingent upon background/reference checks.

PERSONAL REFERENCES:

If you are employed, one reference should be professional. RELATIVES CANNOT BE USED AS REFERENCES. **Four (4)** personal references are required. **Please fill out completely.**

Name: _____

Address/City/State/Zip: _____

Phone: _____ Relationship: _____

Name: _____

Address/City/State/Zip: _____

Phone: _____ Relationship: _____

Name: _____

Address/City/State/Zip: _____

Phone: _____ Relationship: _____

Name: _____

Address/City/State/Zip: _____

Phone: _____ Relationship: _____

How did you learn about the CASA program?

<input type="checkbox"/>	Family	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Texas CASA or National CASA
<input type="checkbox"/>	Friend	<input type="checkbox"/>	Presentation	<input type="checkbox"/>	Media Source
<input type="checkbox"/>	Booth/ Display	<input type="checkbox"/>	Speaker	<input type="checkbox"/>	Fundraiser
<input type="checkbox"/>	Internship	<input type="checkbox"/>	Agency Referral	<input type="checkbox"/>	Other

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

I am interested in working with children and families as a CASA volunteer at this time in my life because. . . .

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

How do your family and/or spouse feel about your participation with this program?

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

APPLICATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on this volunteer application are true. I hereby authorize the CASA of Parker County program to investigate my background to determine my fitness as a potential volunteer. This includes contacting references provided by me and conducting a criminal background check and a child abuse registry check through the Texas Department of Protective and Regulatory Services.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer. Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Executive Director with as much advance notice as possible. The first six months of my participation in the CASA program will be considered probationary.

I am aware of the sensitive and confidential nature of the official documents, reports, and other material I will examine in my capacity as a volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

I further understand that knowledge gained through volunteer service at CASA of Parker County may not be used for personal profit, profit for friends or family, to obtain a child for adoption, or for any other personal gain or benefit.

CASA of Parker County, Inc. policies and standards, including those in the CASA Volunteer Advocate Policy Handbook, must be honored. CASA staff members may issue additional, reasonable volunteer work rules, if such are required.

I understand that falsification of any information hereby given will invalidate my participation with CASA of Parker County.

Signature: _____ Date: _____

Congratulations, you have completed the application!

Thank you for taking time out of your busy schedule to complete the CASA of Parker County volunteer application. Please remember to return the completed application to the CASA of Parker County office at the address listed on Page 1. We look forward to working with you!

Please remember the following:

1. Include a copy of your **driver's license** and proof of your current **auto insurance** with the completed application.
 2. Make sure your **reference information**; names, addresses, phone numbers is complete and accurate.
 3. Complete the **background check information** attached separately. This document **must be notarized** prior to submittal.
-

AUTHORIZATION TO RELEASE INFORMATION

(Applicant: Please give this to the person serving as a reference for you. Ask them to return it to CASA in the envelope you have provided.)

To: _____

I, _____, REQUEST AND AUTHORIZE YOU AND/OR YOUR ORGANIZATION TO FURNISH TO **CASA OF PARKER COUNTY**, ANY AND ALL INFORMATION YOU HAVE CONCERNING ME. I AM AUTHORIZING FOR RELEASE ALL CONFIDENTIAL AND PRIVILEGED INFORMATION.

This information is necessary to assist in determining my suitability and qualifications for a volunteer position I am seeking with the CASA organization that entails my working with abused and neglected children. Because children will be entrusted to my care, it is important that CASA learns and verifies everything possible about me. It is for the children’s protection that these background inquiries are so detailed and probing.

I fully understand the information you provide may be of a sensitive, confidential, and privileged nature, and could reflect negatively on my suitability. I hereby release you, your organization, and all others from liability and damage that may result from furnishing the requested information to CASA. Further, I acknowledge that the information you provide to them will be kept confidential, available only to CASA staff.

Any questions relating to the release of information about me should be directed to 817-599-6224.

Signed: _____ Date: _____

To Whom It May Concern:

The person sending you this form has applied to work as a volunteer in the Parker County Court Appointed Special Advocates (CASA) program and listed you as a reference. Please give your written assessment of the applicant's ability to serve as a volunteer in our program. **You may use the form on the reverse side of this letter.**

To help you in your evaluation of the applicant for this program, we offer the following brief description. A CASA volunteer is appointed by the Juvenile Court Judge to advocate for children who have been abused or neglected. The CASA gathers information from interviews with professionals and others involved in the child's life. Based on their investigation, observations, experience, and interactions with the child and family members, the CASA makes a formal report with recommendations to the Court on what they believe to be in the best interest of the child.

CASA work demands a high degree of responsibility and commitment to the well being of children. It is essential that the CASA volunteer have the ability to relate to people from many different walks of life and remain objective in their evaluations.

Thank you for responding to this request promptly. Your participation will enhance our evaluation of the applicant. If you have questions, please call 817-599-6224 and ask for:

Geneva Martin
Executive Director OR
CASA of Parker County
genevamartin@casaofparkercounty.com

Kathy Smart
Program Director/Volunteer Coordinator
CASA of Parker County
kathysmart@casaofparkercounty.com

Reference for: _____ Date: _____

Relationship to prospective CASA volunteer: _____ Years known: _____

1. Check as many of the following that you feel best describes the applicant:
- | | | | | |
|---|------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> outgoing | <input type="checkbox"/> shy | <input type="checkbox"/> cooperative | <input type="checkbox"/> uncooperative | <input type="checkbox"/> opinionated |
| <input type="checkbox"/> patient | <input type="checkbox"/> impatient | <input type="checkbox"/> considerate | <input type="checkbox"/> rigid | <input type="checkbox"/> well-adjusted |
| <input type="checkbox"/> lacks confidence | <input type="checkbox"/> unhappy | <input type="checkbox"/> creative | <input type="checkbox"/> unimaginative | <input type="checkbox"/> aggressive |
| <input type="checkbox"/> confident | <input type="checkbox"/> happy | <input type="checkbox"/> stable | <input type="checkbox"/> unstable | <input type="checkbox"/> passive |
| <input type="checkbox"/> even-tempered | <input type="checkbox"/> moody | <input type="checkbox"/> leader | <input type="checkbox"/> follower | <input type="checkbox"/> assertive |

2. Have you observed the applicant's interaction with children? Yes No
 If yes, rate the applicant's relationship to children (check all that apply):
 understanding friendly stern other (specify) _____

3. Do you consider the applicant emotionally stable? Yes No

4. To your knowledge, has the applicant ever had a drug or alcohol problem? Yes No

5. Would the applicant have problems working with individuals as follows:
 different race different religion different sex
 physical/medical/mental disability other
 Please explain: _____

6. How would you rate the applicant's ability to be objective, non-judgmental of other's behavior or lifestyles?
 very accepting critical somewhat bothered by differences

7. To your knowledge, has the applicant ever been asked to leave a program where they worked with children?
 Please explain: _____

8. Would you feel comfortable having the applicant relate to a child of your own or a child close to you?

9. How would you rate the applicant's ability to handle confidential information?
 stable unstable unknown

10. Please rate applicant on the following characteristics:

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	DON'T KNOW
Assumes responsibility				
Takes initiative				
Completes tasks				
Positive attitude				
Flexible				
Attention to detail				
Ability to work with others/team player				
Accepts supervision willingly				
Oral communication				
Written communication				

Please comment on applicant's qualities that you feel would help make him/her a good child advocate.
(Use additional paper if necessary):

Signature of person completing this form: _____

Address: _____ Phone: _____

Emergency Contact Information For:

Volunteer Advocate Name: _____

(PRINT)

(PRINT CLEARLY)

Name: _____

Address: _____

Phones: _____

Relationship: _____

Name: _____

Address: _____

Phones: _____

Relationship: _____

Name: _____

Address: _____

Phones: _____

Relationship: _____

(CONFIDENTIAL - To be filed in Volunteer Advocate's personnel file)

Volunteer Advocate Sign: _____ Date: _____