



CASA Volunteer Application

Name: _____ Date of Birth: _____

Address: _____

Marital Status: _____

Home Phone: _____ Cell Phone: _____

Work: _____ Email: _____

Emergency Contact: _____ Phone: _____

Level of Education/Degree: _____

Place of Employment: _____ Length of Employment: _____

Employment Address: _____

Position: _____ Supervisor: _____

Languages Spoken: _____ Degree of Fluency: _____

EXPERIENCE:

Do you have any experience working with children/youth? Yes No

If yes, please describe: (type of activity/ages of children/professional or volunteer?)

Have you ever applied with another organization that works with children/youth? Yes No

Were you accepted? Yes No

Name of organization: _____

What were your responsibilities? _____

Please list any organizations you are currently involved with:

Have you ever applied to this or any other CASA program in the past? Yes No

If yes, when and where?

Present membership in clubs or organizations:

Do you give Voices for Children permission to obtain information from the agency(s) or club(s) regarding your previous volunteer experience and membership?

Yes No

If no, please explain:

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

- | | | |
|---------------------------------------|-----|----|
| • Child Abuse: | Yes | No |
| • Foster Care: | Yes | No |
| • Child Protective Services: | Yes | No |
| • Criminal, Juvenile or Family Court: | Yes | No |
| • Other child service agencies: | Yes | No |

If yes to any of the above, please explain:

Please complete all questions and provide details as needed:

1. Are you now receiving or have you ever received mental health treatment?

Yes

No

If yes, please explain:

2. Have you ever been charged and/or convicted of a misdemeanor?

Yes

No

If yes, please explain:

3. Have you ever been charged and/or convicted of a felony?

Yes

No

If yes, please explain:

4. Have you ever been or are you currently on probation and/or parole?

Yes

No

If yes, please state the offense and the beginning/end dates of probation/parole:

5. Do you now or have you ever had a chemical or alcohol dependency/abuse problem?

Yes No

Does anyone in your family? Yes No

If yes, please explain:

6. Are you currently receiving or have you ever had treatment for chemical or alcohol dependency/abuse?

Yes No

Has anyone in your family? Yes No

If yes, please explain. Please include dates of treatment and length of sobriety:

7. Do you have any kind of health impairment that would prevent you from performing volunteer duties? Yes No

If yes, please explain:

8. Have you ever been charged or convicted of sexual misconduct (including pornography)?

Yes No

If yes, please explain:

Do you give CASA of Brazos Valley permission to obtain additional information for screening purposes from other sources? Yes No

COMMITMENT:

As a volunteer, will you be willing to:

- Yes No Commit a minimum of one year to being a volunteer.
- Yes No Participate in CASA's initial training program of 30 to 35 hours
- Yes No Participate in ongoing training equal to 12 hours a year
- Yes No Do you agree that your first six months in the volunteer position are probationary?

REFERENCES:

Please list two personal references who **ARE** related to you and three personal references who **ARE NOT** related to you.

Two References who ARE related

Name: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Phone: _____

Address: _____ Email: _____

Three references who ARE NOT related to you

Name: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Phone: _____

Address: _____ Email: _____

Name: _____ Phone: _____

Address: _____ Email: _____

ESSAY QUESTIONS:

Please answer the following questions below. There are no right answers to these questions, but provide us with insight into your background and desires for volunteering.

- 1.) Please write a brief autobiography. Be sure to include any historical information you feel especially shaped your life. Include information about your childhood, current family, and current lifestyle, such as career, hobbies, interests, etc.

- 2.) Please provide a short summary about your interest in volunteering with Voices for Children, Inc.

ACKNOWLEDGEMENT AND DECLARATION:

"I am interested in becoming a volunteer, and know no reason why I should not be assigned to a child/youth in the program. I am aware that the children/youth in the program have been abused, neglected or abandoned by adults, and since I do not want to be another cause of disappointment to the child/youth, I agree to a minimum commitment of one year to the child/youth and case to which I am assigned."

THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT:

1. Voices for Children retains the right to refuse any individual that it feels would not be in the best interest of the program and, further, is not required to state the reason(s) for non-acceptance, and that
2. The volunteer's file is held in strictest confidence and becomes the property of Voices for Children, Inc., CASA of Brazos County.

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

Applicant's Signature

Date

*****Please attach the enclosed Release of Information for remittance with this application. Voices for Children does not accept applicants if they, or an immediate family member, have been convicted, or have prior charges, or have charges pending for a felony or misdemeanor involving a sex offense, violent act, child abuse or neglect, delivery of illegal drugs or related acts that would pose risk to children or to the program's credibility.**

Remit application to: Voices For Children, CASA of Brazos Valley
 115 N. Main Street
 Bryan, TX 77803
 (979) 822-9700
 (979) 822-9777 fax
 email: kmason@vfcbrazos.org

Equal Opportunity Statement: It is the policy of Voices For Children, Inc., CASA of Brazos County to implement affirmatively equal service to all volunteers without regard to race, religion, sexual orientation, group, age, gender or national origin.



Voices For Children, Inc.

AUTHORITY FOR RELEASE OF INFORMATION

Voices For Children, CASA of Brazos Valley, will complete a criminal record check with the Department of Public Safety, ChoicePoint and the Texas Department of Protective & Regulatory Services on all potential employees/volunteers upon application and at a minimum of every three years that the individual is involved with the organization. This is done to ensure that the employees/volunteers have not been convicted of an offense that would be potentially detrimental to a child or the CASA program.

A CASA program does not accept applicants if they have been convicted, or have prior charges, or have charges pending for a felony or misdemeanor involving a sex offense, violent act, child abuse or neglect, or related acts that would pose risk to children or to the CASA program's credibility.

In order to complete the police/DFPS report checks, the following information is needed:

(Please Print)

Name: _____
Last First Middle

Other names used: (maiden, married, etc.) _____

Address: _____
Street/P.O. Box City State Zip Code

Have you lived out of the state of Texas in the last five years?

Yes If yes, where: _____

No

Social Security Number: _____ Driver's License Number: _____

Other driver's licenses you may hold: _____

Date of Birth: _____ Place of Birth: _____ Sex: _____

Ethnicity (for background check purposes only): _____

Automobile Insurance Agency and Policy Number: _____

"I hereby authorize the Department of Public Safety, the Texas Department of Family & Protective Services, and ChoicePoint to release to CASA any record of information concerning my driving record and any crime committed or alleged to have been committed by me. This includes but is not limited to arrest records and conviction data.

I hereby release the Department of Public Safety and the Texas Department of Family & Protective Services, as custodian of such records, including all officers, employees, or related personnel, both individually and collectively, from any and all liability or for damages of any type which may at any time result to me, my heirs, family or associates because of compliance with this authorization. The Texas Department of Family & Protective Services may obtain information from the Texas Department of Public Safety, the Federal Bureau of Investigation, and other law enforcement agencies."

Signature: _____ Date: _____