

**CASA of Johnson County**  
**VOLUNTEER APPLICATION**  
210 Featherston P.O. Box 3462 Cleburne TX 76033  
Vange@casajohnsoncounty.org

NOTE: Once you have completed the application, please forward it, along with a copy of your social security card, driver's license and auto insurance .

(PLEASE PRINT)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

Email: \_\_\_\_\_

Can we contact you at work?  Yes  No

How long have you lived in Johnson County? \_\_\_\_\_

Have you lived outside of Texas in the previous five years? \_\_\_\_\_

If so, where? (Please list)

Date

Address

City/State/Zip

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place of Birth City: \_\_\_\_\_ State: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widow/er

If presently married, give spouse' name and occupation:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position: \_\_\_\_\_

*Emergency Contact*

Name and Phone No. \_\_\_\_\_

Name and Phone No. \_\_\_\_\_

Name and Phone No. \_\_\_\_\_

Names of Children and Stepchildren:

Name

Date of Birth

Gender

Do you drive? \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Do you have an automobile available to you?  Yes  No

Do you maintain current automobile insurance?  Yes  No

How would you describe your health?  Excellent  Good  Fair  Poor

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR EDUCATION:** (Please circle highest completed)

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

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Are you presently enrolled in an educational program? \_\_\_\_\_

If yes, name of school? \_\_\_\_\_ Course of Study? \_\_\_\_\_

**WORK HISTORY** (attach additional sheets if necessary)

Name of current/last place of employment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Brief description of work: \_\_\_\_\_

Name of Previous Employer(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Brief description of work: \_\_\_\_\_

List your current community and volunteer activities and memberships in clubs, churches, civic groups, organizations, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any previous community agencies, volunteer activities and organizations with which you have been active in the last 10 years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

Hobbies and Special Interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Volunteers typically are engaged in their cases approximately 10 -15 hours per month. They are able to work most of their case after hours and on weekends, if necessary. However, a volunteer will have a court hearing every 3 to 5 months as well as a staffing with CPS every 3 months.

The court hearing *usually* lasts 1 to 2 hours and the staffing *usually* last 20 to 30 minutes during the day. A volunteer is notified of the dates and time in advance and is depended upon to attend these hearings during the day with the CASA supervisor. Would you be able to make sufficient plans so as to be present for the hearings and meetings?  Yes  No

Please explain any details that may affect your ability to attend such hearings and meetings:

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Do you have professional or volunteer experience in any of the following?

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

Please explain or describe any of the above activities you checked: \_\_\_\_\_

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Are you available to complete 30 hours of initial volunteer training?  Yes  No

Most of the children we serve are placed in foster homes, group homes or residential treatment centers. Can you see yourself visiting a child in one of these placements?

- Yes  No

Often there are cases where the family is still involved with the children. Can you see yourself visiting a family in their home?  Yes  No

Are you willing to make a one-year commitment to CASA?  Yes  No

Would you agree that the first six months in the program are probationary?  Yes  No

CASA volunteers are required to continue their education in the advocacy field. CASA of Johnson County provides on-going training for their volunteers. Will you be available to attend 12 hours of on-going training per year?  Yes  No

Have you been previously convicted of a felony or misdemeanor?  Yes  No

Are you currently being charged with a felony or misdemeanor?  Yes  No

Do you have an immediate family member who has been previously convicted of a felony or misdemeanor?

- Yes  No

Do you have an immediate family member who is currently being charged with a felony or misdemeanor?

- Yes  No

If yes, please briefly describe the circumstances for you or your family members' conviction or current charges. Please indicate time, nature, and place of the offense and disposition of the case. Your answer is considered as only one of the factors in the decision to utilize you as a volunteer. It will be evaluated in terms of the nature, severity, and date of the offense and its relation to volunteer activities. (Use the back of this page, if needed)

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State any reasons why a Judge might be reluctant to have you assigned to a case:

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State any reasons why CPS might be reluctant to work with you: \_\_\_\_\_

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Have you ever been a member of the armed forces?  Yes  No

If yes, which branch? \_\_\_\_\_

Have you had personal experience involving any of the following? If so, please explain. (Use the back, if needed)

1. Child Protective Services: \_\_\_\_\_
2. Drug or Alcohol Abuse: \_\_\_\_\_
3. Psychotherapy or counseling: \_\_\_\_\_
4. Juvenile court system: \_\_\_\_\_
5. Foster Care: \_\_\_\_\_
6. Child abuse (psychological, sexual, physical, neglect): \_\_\_\_\_

Please list any drugs or medications taken on a regular basis: \_\_\_\_\_

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How/where did you learn about the CASA program?

- Friend \_\_\_\_\_
- Radio Station \_\_\_\_\_
- Newspaper \_\_\_\_\_
- Television \_\_\_\_\_
- Neighbor \_\_\_\_\_
- Relative \_\_\_\_\_
- Work \_\_\_\_\_
- Kappa Alpha Theta \_\_\_\_\_
- Cleburne Business Expo \_\_\_\_\_
- Dash Hound Days \_\_\_\_\_
- National or Texas CASA website \_\_\_\_\_
- CASA Volunteer or Staff \_\_\_\_\_
- CASA Flyer \_\_\_\_\_
- Church: \_\_\_\_\_
- College/University: \_\_\_\_\_
- Internet/web site: \_\_\_\_\_
- Speaker/Presentation: \_\_\_\_\_
- Other: \_\_\_\_\_







## Volunteer Demographic Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Emergency Contact Person & Relationship: \_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_

Gender:  Male  Female  
Marital Status:  Married  Single  Other \_\_\_\_\_

Education:  High School  AA/AS  BA/BS  MA/MS  PhD/EdD  Other \_\_\_\_\_  
Language:  English  Spanish  Other \_\_\_\_\_

Ethnicity:  Anglo  African American  Hispanic/Latino  Native American  Asian  Other \_\_\_\_\_  
Employment:  Full Time  Part Time  Student  Retired  Not Employed

Profession: \_\_\_\_\_



**STAFF AND VOLUNTEER  
REQUEST TO DENY PUBLIC ACCESS TO PERSONNEL INFORMATION**

I, \_\_\_\_\_, elect to  ALLOW or  NOT ALLOW **Public Access** to the information in the custody of CASA of Johnson County, Inc. that relates to my home address, home telephone number, personal electronic media identifiers, or that reveals whether I have family members.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## CONFLICT of INTEREST

No person who has a conflict of interest with any activity or program of the CASA program, whether personal, occupational, philosophical, or financial shall be accepted or serve as a volunteer.

A volunteer shall not take any action with any party in a case that would

- (a) result in conflict of interest or expose the program or volunteer to criminal or civil liability
- (b) cause a child or family to become dependent on the volunteer for services that shall be provided by themselves, other agencies, or organizations.

Such activities may jeopardize the safety of the child, integrity of the program, or objectivity of the volunteer.

No person shall be accepted or serve as a volunteer if they, members of their immediate family, an organization to which they belong, or an agency with whom they are employed has a direct or indirect financial interest in their assets, leases, business transactions, or professional services of the program. They shall not be accepted if the candidate has an agenda that might be seen as competing with the interests, concerns or services of the CASA program. No volunteer may be assigned to a case if they are related to any of the subjects.

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Volunteer Printed Name

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Volunteer Signature

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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

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



## Background Verification Release Form

### AGENCY INFORMATION

Date	Agency Name
Contact Name	
Agency's Main Phone Number	Agency's Fax Number

### APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)			
Current Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number	State Issued
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

I hereby authorize VERIFIY and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFIY and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature  
(if under 18 years of age)



## APPLICATION RELEASE

I, \_\_\_\_\_, hereby affirm that all of the answers provided on my volunteer application are true and correct. I hereby authorize the CASA of Johnson County program to investigate my background to determine my suitability as a volunteer.

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 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.

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 understand that a criminal record check will be conducted. If background checks reveal that an applicant was convicted of, or has charges pending for a felony involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the CASA program's credibility then the applicant will be rejected as a volunteer.

I am aware that CASA of Johnson County has no insurance coverage for volunteers.

I certify that I am not to be a party, spouse of a party, or close relative or friend of a party involved in a pending or impending suit affecting the parent-child relationship.

I agree not to use my status as a CASA volunteer to advance the private interests of others.

I agree not to testify voluntarily as a character witness in a suit affecting the parent-child relationship, other than those to which I have been appointed as a CASA volunteer.

I hereby authorize references listed on this application to answer any questions and to furnish any accurate information from their records concerning me, and I hereby release such companies and persons from any liability from such action.

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

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Signature

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Date