

VOLUNTEER APPLICATION
CASA Johnson County
210 Featherston P.O. Box 3462 Cleburne TX 76033

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 to the address above.

(PLEASE PRINT)

Name: _____ Street Address: _____

City/State/Zip: _____

Telephone (home): _____ (work): _____

(Cell): _____ (fax): _____

(Please note if these numbers are unlisted)

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

<u>Date</u>	<u>Address</u>	<u>City/State/Zip</u>

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

Place of Birth: _____

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

<u>Name</u>	<u>Date of Birth</u>	<u>Gender</u>

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:

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: _____

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)

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

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

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: _____

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: _____
- 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
 English
 AA/AS
 BA/BS
 MA/MS
 PhD/EdD
 Other _____

Language: 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.

Volunteer Printed Name

Volunteer Signature

Date

COPY OF SS CARD

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 _____



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.

Signature

Date