

Dear Prospective Volunteer,

Thank you for your interest in becoming an advocate with Big Country CASA! Below you will find an application to become a CASA volunteer. After your completed application is received at our office, you will be contacted by telephone to schedule a pre-training interview. Your interview and acceptance into the training program must be completed before you can begin training. Applications can be mailed, emailed or faxed to:

Big Country CASA 400 Oak Street, Suite 217 Abilene, TX 79602

If you have additional questions, please call 325-677-6448. Again, thanks for your interest. We look forward to your involvement with Big Country CASA.

Rebel Taylor Advocate Coordinator Big Country CASA rebeltaylor@bigcountrycasa.org

"THERE IS A CHILD WHO NEEDS YOUR VOICE"

"Our CASAs help our children learn to dream again." Honorable Paul Rotenberry 326th District Court **Big Country CASA** 400 Oak Street, Suite 217 Abilene, TX 79602 Phone 325.677.6448



VOLUNTEER APPLICATION

Date					
Full Name			_		
Other Name Used (N	/laiden/ Married	d) (k			
Address:					
City:	State: <u>TX</u>	Zip:	County		
Home Phone #			Cell Phone #		
Work Phone #					
Email address:					
Social Security #:		Driver's	License #:	State	:
Date of Birth:	City &	State of Birth:		Height	:
Weight: H	lair Color:	Eye	e Color	Gender F	_ M
Employer:		、	Job Title:		
Employer's address:					
Vhere did you hear al	pout Big Count	ry CASA prog	ram?		
Current hobbies and /	[/] or interests:				
					Page 2

NAME OF COMPANY	POSITION	SUPERVISOR	EMPLOYMENT	REASON F
& PHONE #	redition		TO / FROM	LEAVIN
Employment Status:		Part Time: Hours per Dther	week	
May we contact you at work?				
.	EDU	JCATION		
Select highest completed:				
High school: 9 10 11 12		ege:1 2 3 4		:1 2 3 4
Major:	Deg	Iree	_	
Currently enrolled in School?_	Part	t or Full Time	Exp. Grad	. Date?
	LAI	NGUAGE		
Please indicate in which langu	ages you can con	nmunicate:		
□ English □ Spanish □ Japanese □ Tagalog	□ Chinese □ Vietnam	□ Portuguese □ Other	se	
	PE	RSONAL		
Do you have any personal or p	rofessional exper			
Yes No If yes	s, please elabora	le		
List any community groups in a communities, service organiza		sently active (profes	sional associatio	ns, faith
Do you have any experience w	orking with childr	en? Yes	No	

		sion to obtain information from th	nese organiza	ations
regarding your membership? Yes No If n	no, please	explain		
Have you or your family ha explanation)	nd persona	ll/ professional experience with	n: (If yes, ple	ase give a brief
Child abuse	Yes	No		
Foster care	Yes	No		
Juvenile court system	Yes	No		
Child Protective Services	Yes	No		
Other child service agencies	Yes	No		
Have you ever applied with a	nother ora	anization that works with childre	n? Yes	No
	ee.g		-	No
Were you accepted? Yes	No	Please give name(s) of or	ganization(s)	& year:
Have you ever applied to this	s or anothe	er CASA program before? Yes	No	_ If yes, explain
Current Marital Status: D	Single			
	Single	Married: Date	Separated	d: Date
	-	□ Married: Date Relationship		
	Committed	Relationship	Widowed	: Date
	Committed		Widowed	: Date
If married/committed: Spouse	Committed e/Partner's	Relationship	□ Widowed	: Date
If married/committed: Spouse Spouse's Employment and P	Committed e/Partner's Position	Relationship Name	D Widowed	: Date
If married/committed: Spouse Spouse's Employment and P Emergency Contact	Committed e/Partner's Position	Relationship Name	D Widowed	: Date
If married/committed: Spouse Spouse's Employment and P Emergency Contact Please answer the following	Committed e/Partner's Position	Relationship Name Phone Number ns and give details and explan	□ Widowed	: Date _ Age swer is yes:
If married/committed: Spouse Spouse's Employment and P Emergency Contact Please answer the following Have you ever been hospitali	Committed e/Partner's Position g question ized for an	Relationship Name Phone Number ns and give details and explan emotional issue?	 Widowed ations if ans Yes _ 	: Date _ Age swer is yes: No
If married/committed: Spouse Spouse's Employment and P Emergency Contact Please answer the following Have you ever been hospitali Have you ever used illegal dr	Committed e/Partner's Position g question ized for an rugs? If yes	Relationship Name Phone Number ns and give details and explan emotional issue? s, please explain.	 Widowed ations if ans Yes _ 	: Date _ Age swer is yes: No
If married/committed: Spouse Spouse's Employment and P Emergency Contact Please answer the following Have you ever been hospitali Have you ever used illegal dr Have you ever abused legal o	Committed e/Partner's Position g question ized for an rugs? If yes	Relationship Name Phone Number ns and give details and explan emotional issue?	 Widowed ations if ans Yes _ 	: Date
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CRIMINAL HISTORY

Big Country CASA will ask all volunteers to complete a criminal records check, which will reveal any arrest, charge or conviction. Please respond to the following questions so that this history can be discussed and evaluated.

If you answer yes to any of the following questions, please offer an explanation in the space provided below

Have you or your family ever been involved in a legal action?	Yes	No
Have you ever been arrested or charged with a misdemeanor?	Yes	No
Have you ever been convicted of a misdemeanor?	Yes	No
Have you ever been arrested or charged with a felony?	Yes	No
Have you ever been convicted of a felony?	Yes	No
Have you ever been or are you currently on parole?	Yes	No
Have you ever been CONVICTED for a traffic violation (NOT Just a TICKET)	Yes	No
Have you ever had any DUI arrests, charges, or convictions?	Yes	No
Have you ever had your driver's license revoked or suspended?	Yes	No
Have you ever been arrested or charged or with any sexual misconduct (including pornography)?	Yes	No
Have you ever been convicted of any sexual misconduct (including pornography)?	Yes	No

Details

The following questions are for statistical purposes only. Please mark the choice or choices that best describe you.

Ethnic Origin:

- □ Native American Caucasian □ Not known
- Hispanic/Latino □ Other

□ African American/African Bi-racial/Multi-racial Asian/Pacific Islander Decline to State

Please provide <u>COMPLETE</u> contact information for 5 non-family references that have known you for at least one year. Must have 3 responses for application approval.

Please do not list a relative, significant other, or two people from the same household. Big Country CASA will send an email correspondence with a description of the CASA program and reference form for them to complete and return. CASA will contact three of your references and will only contact the remaining two if the first three cannot respond to our inquiries.

(1) NAME	Phone
*PREFER EMAIL	
Full Address (if email not available)	
Relationship to you	
(2) NAME	Phone
*PREFER EMAIL	
Full Address (if email not available)	
Relationship to you	
(3) NAME	Phone
*PREFER EMAIL	
Full Address (if email not available)	
Relationship to you	
(4) NAME	Phone
*PREFER EMAIL	
Full Address (if email not available)	
Relationship to you	
(5) NAME	Phone
*PREFER EMAIL	
Full Address (if email not available)	
Relationship to you	
	Page 6 9

Please respond to the following:

I am interested in working with children and families as a CASA volunteer because...

I feel that I can be a fair and objective advocate for a child because...

Any hesitations or concerns I have regarding participation in the CASA program are...

When would you like to begin CASA Volunteer Training? ____

CASA volunteers give 15 - 20 hours a month. When would you fit this time into your schedule?

Big Country CASA Training Agreement – MUST SIGN BELOW

Prospective volunteers are asked to read and sign the following training description and agreement:

Description:

The initial training consists of 35 hours broken down into 30 hours of classroom time, and 5 hours of courtroom observations. There is a requirement of 12 annual training hours each year after initial training.

Agreement:

- 1. I understand that participation in the Pre-Service Volunteer Training is required and essential, and includes 30 hours of scheduled classroom time.
- 2. I understand that, in addition to the classroom sessions, I will be required to complete 5 hours of courtroom observation at the Taylor County Courthouse.
- 3. I understand attendance and punctuality are required.
- 4. I am aware that the Pre-Service Training is a part of the screening process, and acceptance to participate in training does not guarantee that I will be sworn in as a CASA or that I will be assigned to a case. I further understand that either I or CASA can choose to discontinue my involvement in the training/screening process at any time without further obligation for either party.
- 5. Upon completion of Training, my participation in the training process, as well as other screening material e.g., criminal record check and references will be reviewed for the purpose of determining my eligibility to be assigned a case as a CASA.

I understand and agree to meet all conditions stated above and I wish to participate in the Big Country CASA training program.

Signature

Date

The Undersigned acknowledges and agrees that:

I am interested in becoming a CASA volunteer, and know of no reasons why I should not be assigned to a child in the CASA program. I am aware that the children CASA serves have been abused, neglected, or abandoned by adults. I do not want to be another cause of disappointment to a child, and acknowledge that I will make a commitment of at least eighteen months.

As a CASA volunteer I will be willing to: (Please check yes or no)

 Commit a minimum of 18 months to being a CASA volunteer.
 Yes _____ No ____

 Participate in CASA's volunteer training program.
 Yes _____ No ____

 Participate in further training as offered to active volunteers.
 Yes _____ No ____

 Visit in person monthly with the child(ren) to which I may be assigned.
 Yes _____ No ____

 Prepare written reports to the court with the guidance and assistance of CASA and Participate and attend court hearings and meetings on a child's case.
 Yes _____ No ____

I understand that I will need to carry liability insurance on my car. I agree to maintain this minimum liability insurance throughout my program participation with CASA.

I understand that I must request to transport a child during the course of my CASA duties, and to be approved must maintain proof of active liability insurance and current driver's license in my CASA file.

I am providing proof of car insurance to this application.

As an applicant to Big Country CASA I understand and acknowledge that:

Big Country CASA is not obligated in any way to accept me into the volunteer training program by submission of this application.

Big Country CASA retains the right to refuse any individual they feel would not be in the best interest of the program and CASA is not required to state reasons for non-acceptance into the program.

Big Country CASA will hold all information in the volunteer's file in strictest confidence. Such information becomes the property of Big Country CASA.

I authorize Big Country CASA to conduct all background checks necessary to insure the safety and suitability of all program clients and participants including the request of a criminal record check by the Federal Bureau of Investigation. I agree that the results of all background checks will be sent directly to the office of Big Country CASA.

I give permission to Big Country CASA to release information about my application, acceptance, and/or participation in this program to any other CASA program to which I may apply in the future.

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

Signature

Date

Yes ____ No ____ Yes ____ No ____

First Name:	Middle Name: _		Last Name:
Please list ALL previous na	ames (married, maiden	.) or aliases use	ed:
REQUIRED for background exas CASA & Federal reg		is kept confiden	tial and in secure environment according to
Social Security Number:			
Date of Birth:			
ity, State/Country of Birth	:		
		State:	Expiration Date:
Driver's License Number: _ Current Address: County of Residence:		City:	State: Zip:
Driver's License Number: _ Current Address: County of Residence:		City:	State: Zip:
Driver's License Number: Current Address: County of Residence: Please list all known physic		City: 10 years:	State: Zip:
Oriver's License Number: Current Address: County of Residence: Please list all known physic 	cal address for the past	City: 10 years: #:	State: Zip:
Driver's License Number: _ Current Address: County of Residence: Please list all known physic Please list all known physic Auto Insurance Co: Primary Phone Number:	cal address for the past	City: 10 years:	Expiration Date: State: Zip: Expiration Date:
Driver's License Number: _ Current Address: County of Residence:	cal address for the past	City: 10 years: #:	State: Zip:
Driver's License Number: Current Address: County of Residence: Please list all known physic Please list all known physic auto Insurance Co: Primary Phone Number: Secondary Phone Number: E-mail address: authorize Big Country CA Il program clients and par Department of Family Proto background check from the	Cal address for the past	City: 10 years: #: #: #: round checks ne equest of a back iminal history ba Safety. I underst	State: Zip: