



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.

Angela Sharp  
Executive Director  
Big Country CASA

**“THERE IS A CHILD WHO NEEDS YOUR VOICE”**

**Big Country CASA**  
**400 Oak Street, Suite 217**  
**Abilene, TX 79602**  
**Phone 325.677.6448**

## **VOLUNTEER APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_

Home Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Where did you hear about Big Country CASA program? \_\_\_\_\_

Current hobbies and / or interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

List your last three places of employment (beginning with your present employer)

NAME OF COMPANY & PHONE #	POSITION	SUPERVISOR	EMPLOYMENT DATES TO / FROM	REASON FOR LEAVING

Employment Status:     Full Time                       Part Time: Hours per week \_\_\_\_\_  
     Retired                                       Other \_\_\_\_\_

Can we contact you at work? \_\_\_\_\_

**EDUCATION**

Circle *highest* completed:

High school: 9   10   11   12

College: 1   2   3   4

Graduate: 1   2   3   4

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

Degree \_\_\_\_\_

Currently enrolled in School? \_\_\_\_\_

Part or Full Time \_\_\_\_\_

Exp. Grad. Date? \_\_\_\_\_

**LANGUAGE**

Please indicate in which languages you can communicate:

- English                       Spanish                       Chinese                       Portugese  
 Japanese                       Tagalog                       Vietnamese                       Other \_\_\_\_\_

**PERSONAL**

Do you have any personal or professional experience with counseling or therapy?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please elaborate: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any experience working with children?    Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please give organization names and details)

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Do you give Big Country CASA permission to obtain information from these organizations regarding your membership?

Yes \_\_\_ No \_\_\_ If no, please explain \_\_\_\_\_

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**Have you or your family had personal/ professional experience with:** (If yes, please give a brief explanation)

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 another organization that works with children? Yes \_\_\_ No \_\_\_

Were you accepted? Yes \_\_\_ No \_\_\_ Please give name(s) of organization(s) & year:

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Have you ever applied to this or another CASA program before? Yes \_\_\_ No \_\_\_ If yes, explain:

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**Current Marital Status:**  Single  Married: Date \_\_\_\_\_  Separated: Date \_\_\_\_\_  
 Committed Relationship  Widowed: Date \_\_\_\_\_

If married/committed: Spouse/Partner's Name \_\_\_\_\_ Age \_\_\_\_\_

Spouse's Employment and Position \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please answer the following questions and give details and explanations if answer is yes:**

Have you ever been hospitalized for an emotional issue? Yes \_\_\_ No \_\_\_

Have you ever used illegal drugs? If yes, please explain. Yes \_\_\_ No \_\_\_

Have you ever abused legal drugs or alcohol? If yes, please explain. Yes \_\_\_ No \_\_\_

**Details**

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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 of a traffic violation? 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**

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**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
  - Bi-racial/Multi-racial
  - Other \_\_\_\_\_
  - African American/African
  - Asian/Pacific Islander
  - Decline to State

**Please provide COMPLETE contact information for five non-family references that have known you for at least one year.**

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** \_\_\_\_\_

**Email** \_\_\_\_\_

**Address**  
(if email address not available) \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**(2) Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Address**  
(if email address not available) \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**(3) Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Address**  
(if email address not available) \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**(4) Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Address**  
(if email address not available) \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**(5) Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Address**  
(if email address not available) \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Please respond to the following:**

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

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

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

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When would you like to begin CASA Volunteer Training?

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

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**Big Country CASA Training Agreement**

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

**Description:**

The initial training consists of 33 hours broken down into 30 hours of classroom time, and 3 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 3 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 write yes or no)

Commit a minimum of 18 months to being a CASA volunteer.

Participate in CASA's volunteer training program.

Participate in further training as offered to active volunteers in the program.

Visit in person monthly with the child(ren) to which I may be assigned.

Prepare written reports to the court with the guidance and assistance of CASA.

Participate and attend court hearings and meetings on a child's case.

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 may transport a child during the course of my CASA duties, and must maintain proof of active liability insurance and current driver's license in my CASA file. Yes \_\_\_\_\_ No \_\_\_\_\_

I attached proof of car insurance to this application.

Yes \_\_\_\_\_ No \_\_\_\_\_

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



# CASA Background Check Form of Consent

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

Please list any previous names or aliases:

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

Social Security Number: \_\_\_\_\_

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

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Please list all known physical address for the past 10 years: \_\_\_\_\_

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

Primary Phone Type: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Secondary Phone Type: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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 background check for CPS history from the Department of Family Protective Services, a criminal history background check, and a driving record background check from the Department of Public Safety. I agree that the results of all background checks will be sent directly to the office of Big Country CASA.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_