

CASA for the Highland Lakes Area
1719 Ridgeview
Kingsland, TX 78639
325 388-3440
325 388-0323 FAX

Volunteer Application Form

Date: _____

Mr./Mrs./Ms. _____ Date of Birth _____

You must be at least age 21 to be a CASA volunteer

Street Address.- _____

City/State/Zip- _____ County: _____

Home Telephone: _____ Ofc. Telephone: _____

In emergency, call: _____
Name Telephone Number

E-Mail: _____

Marital Status: _____ Spouse's Name: _____

Spouse Employed? ___ Where? _____ Telephone # _____

If married, how does your spouse feel about your working as a CASA volunteer?

Child/Children's Names: _____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____

Presently Employed: _____ Where? _____

Part Time ___ Full Time ___ Title _____

Understanding with employer or supervisor for reasonably flexible time?

Educational Background _____

Bilingual? _____ If yes, which languages? _____

Have you had any personal experience involving: (Please describe)

1. Child welfare- _____

2. Juvenile or Family Court System: _____

3. Foster Care: _____

4. Child abuse (psychological, sexual, physical) or neglect: _____

5. Have you ever been accused, arrested, or convicted of a crime? _____
If yes, please explain- _____

6. Psychotherapy and/or counseling: _____

7. Other agencies offering services to a child: _____

8. Please list any drugs/medications taken on a regular basis. _____

Please write a brief statement about why you have chosen to work as a volunteer in the CASA program at this particular time in your life.

In addition to fact finding, would you be willing to occasionally:

- _____ Visit institutions caring for children under Conservatorship of Child Protective Services
- _____ Do office work (typing, telephoning, mailing, filing, etc.)
- _____ Work with the CASA speakers bureau.
- _____ Work with hospitality (food planning, buying, serving)
- _____ Work on fund raising
- _____ Work on public relations
- _____ Work on newsletters
- _____ Other _____

Are you reasonably available during the work week? _____

Do you have any questions or concerns about this application form? _____

Previous volunteer/vocational experience:

1. _____
2. _____
3. _____

Current volunteer/vocational activities:

1. _____
2. _____
3. _____

How did you learn or become aware of CASA?

Friend _____ Neighbor _____ Radio _____
Newspaper _____ Television _____ Speaker _____

Other _____

Are you aware that you will be required to complete CASA initial volunteer training?

Are you aware that CASA operates through agreements with the Child Protective Services and the District Court Judges?

Will you, as a CASA volunteer, be able to participate in fact finding, monitoring, and court appearances during the day, Monday through Friday?

Are you aware that you are to appear in court when hearings on your case are scheduled?

Can you see yourself visiting with a family in their home or with an institutionalized child?

Do you agree that your first six months in the program are probationary?

Are you aware that you will be required to attend on-going training?

Are you aware that you will be committing to a minimum of one year to CASA?

What do you feel are the strengths and weaknesses that you can bring to this program?

Please name three Weaknesses you have:

Please name three Strengths you have:

Please list three personal references. At least one reference must be someone other than a friend or co-worker. For example, minister, teacher, employer, therapist.

Name: _____

Address: _____

Telephone _____ Relationship _____

Name: _____

Address: _____

Telephone: _____ Relationship: _____

Name: _____

Address: _____

Telephone: _____ Relationship: _____

The undersigned applicant acknowledges and agrees:

1. That falsification or misrepresentation of any information hereby given will be just cause for exclusion from participation for or with CASA.
2. That a criminal record check and child abuse record check will be conducted.
3. That CASA has no liability insurance coverage for volunteers.
4. That completion of this application form is only a part of the application process and does not assure acceptance as a CASA volunteer.
5. If the criminal background check or reference checks are not satisfactory, the volunteer application will be denied.

Applicant signature

Date

CASA for the Highland Lakes Area
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PERMISSION TO CONTACT REFERENCES

I, the undersigned volunteer applicant, hereby give permission to CASA for the Highland Lakes Area, to contact any and all persons necessary to make a full and complete inquiry about my qualifications as a CASA volunteer and/or my character. I understand that this reference check may be made by telephone, in person, or in writing and will include employers, volunteer organizations, personal references and any other person or persons CASA for the Highland Lakes Area deems necessary to their investigation.

Applicant Signature

Date

EXCLUSIONS: [Please list below any persons or organizations you would prefer NOT to have contacted by CASA and the reason for each exclusion.]

ATTENTION

THE NEXT PAGE MUST BE FILLED IN COMPLETELY. YOU MUST HAVE THIS FORM NOTARIZED. YOU MAY BRING THIS APPLICATION AND THIS FORM TO OUR OFFICE AND WE WILL NOTARIZE IT FOR YOU AT NO CHARGE.

FAILURE TO HAVE THE FORM FILLED IN COMPLETELY AND NOTARIZED WILL DELAY PROCESSING OF YOUR APPLICATION.

**REQUEST FOR CHILD ABUSE/NEGLECT
CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK**

FORMS INSTRUCTIONS:

Purpose - to provide a form which can be used to request a child abuse and neglect records check from the FPS Central Registry of Child Abuse and Neglect, as well as a DPS Criminal History check. This form is for use by designated agencies to provide for DPS and Central Registry Checks for their applicants, staff and volunteers.

When to Use – Designated Agency staff provide to their applicant, staff, and volunteer requesters. Once the form is filled out and notarized, it is sent to the local contact at FPS.

FPS Response to Form 2970da When It Is Submitted – FPS staff review the submitted form for completeness. If not complete and notarized, FPS staff return the form to the requester for completion. If the form is complete and notarized, FPS staff request DPS and Central Registry checks through CLASS. If a match is found in the Central Registry, a report is generated and sent, along with any DPS result. If no match is found in the Central Registry, a report so stating will be sent with any DPS results. FPS staff send the printed form to the requester or his/her designee, as indicated.

Retention - Form 2970da and a copy of the response are to be retained by FPS for three years in administrative files, then destroyed in a manner consistent with observing the confidentiality of case and person information obtained from the Central Registry.

DETAILED INSTRUCTIONS

Required Identifying Information on Requester:

First, middle, last name - The requester enters his/her legal name. Note: if the requester does not have a middle name, leave the 'Middle Name' field blank.

Other Names or Spellings Used - First, Middle, Last - The requester enters his/her married name(s), maiden name, alias(es), name(s) he/she uses every day, etc., if different from legal name.

Residence street address, city, county, state, zip code - The requester enters this information on current primary residence.

Telephone number (A/C) - The requester enters primary telephone number, including the area code. If none, leave blank.

Date of Birth - The requester enters birth date.

Gender - The requester checks the box that represents the appropriate gender.

SSN - The requester enters social security number.

Race/Ethnicity - The requester checks the boxes that represent his/her race and ethnicity.

List other places you have resided (for a minimum of the past 5 years) - The requester enters the names of all the Texas cities where he/she has resided for at least the past 5 years, other than the current primary residence given above. If none, leave blank.

Send Results of Requested Checks to: Requester OR Designee - Name of Designee and Agency Designee Represents - At Mailing Address, Email Address - The requester checks the appropriate box to indicate whether he/she wants the results of the central registry check sent directly to him/her or to a designee. If to a designee, the requester enters the name of the designee, the agency the designee represents and the mailing and Email addresses to which the results of the central registry check are to be sent. Email addresses may facilitate more timely response to requests. DPS results will be sent to a designee, only.

Signature of Requester - The requester signs the form before a notary public.

Date of Request - The requester enters the date form was signed.

Subscribed and Sworn to Before Me this _____ day of _____ - Notary Public - Notary stamp or seal - The notary provides the information and signs and stamps/seals the form.

DPS Criminal History Check Requested – A representative of the Designated Agency providing the form should indicate whether a DPS Criminal History check is also being requested. DPS checks will be sent to Designees only.

FPS Response - This is for FPS use only when a DPS Criminal History check has been requested by a Designated Agency along with the Central Registry check.

REQUEST FOR CHILD ABUSE/NEGLECT CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK

The Texas Department of Family and Protective Services (FPS) operates a Central Registry that identifies persons whom FPS has found to have abused or neglected children. FPS strives to provide the results of the Central Registry check within 30 days. A person may request a Central Registry check on him or herself by completing, having notarized and submitting this request form to:

Jennifer Thompson
PO Box 149030, Mail Code 121-7, Austin, TX 78714-9030
(512) 919-7819 ~ (jennifer.Thompson@dfps.state.tx.us)

REQUIRED IDENTIFYING INFORMATION ON REQUESTER - The requester must provide all of this information in order for a check to be made:

First Name	Middle Name	Last Name			
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
Residence Street Address		City	County	State	Zip Code
Residence Telephone No. (A/C)	Date of Birth	Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female		SSN	
Race (check all applicable) <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black		<input type="checkbox"/> Nat Hawaii/Pacis <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine		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 in <u>Texas</u> (for a minimum of the past 5 years - continue on back as needed)					

<p>SEND RESULTS OF REQUESTED CHECKS TO:</p> <p><input type="checkbox"/> Requester, OR <input checked="" type="checkbox"/> Designee - Name of Designee: Caroline Ragsdill/Ginner Boswell (834179) Please check below to indicate Agency the Designee Represents: CASA Highland Lakes Area, Inc. Mailing Address of Designee (City, State, Zip): 1719 Ridgeview Kingsland, TX 78639 (325) 388-3440 Email Address: ginner@highlandlakescasa.com caroline@highlandlakescasa.com</p>	<p>RESULTS OF CENTRAL REGISTRY CHECK:</p> <p>FPS returns the results of the Central Registry checks to the <u>requestor or designee</u> indicated to the left. The requester is entitled to have the results provided to him or to designate another person or entity to receive <u>the results</u>.</p> <p><u>NOTICE - NOTICE - NOTICE:</u> The requester may not have exhausted all opportunities to contest findings in the Central Registry. Therefore, a requester who designates another person/entity to receive the results of the check is <u>hereby provided notice and cautioned</u> that if he or she disagrees with any such findings, that he or she may have the right to challenge any such findings, and that he or she is authorizing FPS to release any such findings to a third party prior to or during any challenge to the accuracy of those findings.</p>
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Type of Agency:	
<input type="checkbox"/> a Texas affiliate of Big Brothers/Big Sisters of America <input type="checkbox"/> the "I have a Dream/Houston" program <input checked="" type="checkbox"/> an organization providing Court-Appointed Special Advocates for abused/neglected children (CASA)	<input type="checkbox"/> a Texas chapter of the Make-a Wish Foundation of America <input type="checkbox"/> a local affiliate of Children's Advocacy Centers of Texas

Signature of Requester _____ Date of Request _____

SUBSCRIBED AND SWORN TO before me this ____ day of _____, _____.

[Notary stamp or seal]

Notary Public

DPS Criminal History Check Requested? (for designated agency use only)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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