

**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. Are you taking any medication that could affect your performance as a CASA? \_\_\_\_\_

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.

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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? \_\_\_\_\_

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**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: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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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.]

## **Statement of Understanding for CASA GAL Volunteers**

**Please review the following and sign below:**

1. I understand that I must interview with CASA staff prior to being considered for acceptance into this program.
2. I understand that participation in the Pre-Service Volunteer Training is required and essential, and includes at least 30 hours of training.
3. I understand that, in addition to the classroom sessions, I will be required to complete courtroom observation in the County Courthouses served by this program, as well as written and reading assignments outside of the classroom.
4. Attendance: I understand that I will be required to make up any missed training sessions at a future training class before I can qualify to be sworn in or volunteer with CASA for the Highland Lakes. In addition, should it become necessary for me to miss a session, I will make every effort to notify the training facilitator prior to the missed session.
5. I am aware that the Pre-Service Training class is a part of the screening process, and that acceptance to participate in the training does not guarantee that I will be sworn in as a CASA for the Highland Lakes volunteer or that I will be assigned to a case. I further understand that either CASA or I can choose to discontinue my involvement in the training/screening process at any time without further obligation on the part of either party. I also understand that should either CASA or I choose to discontinue my involvement with CASA for the Highland Lakes Area during the training session, I am required to return the volunteer training manual.
6. I am aware that, upon completion of the Pre-Service Training class, my overall participation in the training process as well as other screening material (application, returned reference forms, criminal check, CANRIS check) will be reviewed for the purpose of determining my eligibility to be a CASA volunteer.
7. I understand that in order to be accepted as a CASA volunteer I must be 21 years of age or older, and I confirm that I am.
8. I understand that if I do proceed to CASA GAL status, I will be asked to sign a binding commitment agreement regarding my work with CASA.
9. I believe I have & will maintain all of the necessary qualifications of a CASA Volunteer, as outlined on the back of this agreement.

I understand and am willing to meet all conditions stated above, and wish to participate in the CASA Pre-Service Training.

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Signature of Volunteer

Date

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Signature of CASA Staff

Date

## **General Requirements of All CASA Volunteers**

- Must be a minimum of 21 years of age
- Must complete the required volunteer training course & interview with CASA staff
- Consent to a background check of felony records & child abuse registry
- Commit to serve for a minimum of one year.
- Complete the volunteer application & related forms including Pledge of Confidentiality
- Attend a minimum of 12 hours of in-service training per year (many offered throughout the year by CASA)

## **Qualifications of CASA Volunteers**

- Willingness to work within the guidelines, policies, and standards of CASA.
- Good human relations skills and the willingness & ability to be objective.
- Commitment of time, interest, and energy necessary to fulfill responsibilities of volunteer position.
- Willingness to accept guidance and direction.
- Sensitivity towards cultural / ethnic / religious / etc. differences.
- Ability to formulate and maintain an independent position throughout the assignment.
- Ability to communicate both verbally and in writing.
- Understanding of confidentiality and the personal commitment to maintain that confidentiality at all times.
- Able to provide your own (licensed & insured) transportation.

PERMISSION TO ALLOW CASA PROGRAM TO REQUEST CHILD  
ABUSE/NEGLECT  
CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK

**Purpose**

The purpose of this form is to grant authorized representatives of CASA programs permission to request through the Texas Department of Family and Protective Services (DFPS) a Central Registry of Child Abuse and Neglect check as well as a criminal history check from the Texas Department of Public Safety (DPS) on the behalf of potential and current CASA volunteers, employees and board members.

**Central Registry check**

As required by the Texas Family Code 261.002, DFPS maintains a central registry of reported cases of child abuse and neglect. The DFPS Central Registry consists only of information gathered during Child Protective Services, Child Care Licensing, and Adult Protective Services facility investigations of child abuse and neglect in cases which were given a disposition of "reason to believe", and the person had a role of designated perpetrator or sustained perpetrator (**Please Note:** Cases involving adult victims are not included in the DFPS Central Registry).

In addition, the person will not clear the Central Registry check if the person is involved as an alleged perpetrator in an open child abuse or neglect investigation being conducted by DFPS. A new Central Registry check may be requested at the conclusion of the investigation to determine if the person has been listed as a designated perpetrator on the Central Registry of Child Abuse and Neglect.

**Criminal History check**

The criminal history check from DPS will include all Texas based arrests and dispositions, including both convictions and cases with unknown dispositions. In some cases the search will produce juvenile criminal history results. Unknown disposition information found may not be the most up to date information available. In order to determine the final disposition, contact must be made with the county prosecuting the case, or with the DPS Error Resolution Unit (512-424-7256).

**Process**

A signed copy of this form will be submitted to DFPS on your behalf. Providing false information on the form or any updated information requested for future submissions to DFPS is a violation of Texas Penal Code Section 37.10. The information on this form will be used to conduct the DFPS Central Registry and criminal history checks.

**Results**

As the subject of the request, you have the right to review the results of this check. If Central Registry history is found that identifies you as a person who has been found to have abused or neglected a child, DFPS will only send the results directly to you via mail or e-mail. You have the option to share these findings with the CASA representative who submitted the request on your behalf. If you want to continue to be considered as a potential volunteer, employee, or board member with CASA you will be required to disclose the findings.

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ABUSE/NEGLECT  
CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK

**REQUIRED IDENTIFYING INFORMATION ON SUBJECT OF REQUEST – 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)					
E-mail Address (optional)					
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 all addresses you have resided in <b>Texas</b> :					

I am the person listed above. The information in this document is correct and I am a prospective or current volunteer, employee or board member of a court appointed special advocate (CASA) program. I agree to update the CASA program of any changes to the information above.

I grant permission to the CASA program to request a Child Abuse/Neglect Central Registry and a Texas Department of Public Service Criminal history check as well as any subsequent checks so long as I am active with the CASA program.

I understand that the information I am providing will be part of any request and that providing false information is a violation of Texas Penal Code Section 37.10.

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

Date of Consent: \_\_\_\_\_

PERMISSION TO ALLOW CASA PROGRAM TO REQUEST CHILD  
ABUSE/NEGLECT  
CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK

**FAX or E-MAIL this form to:**  
**[casabgcrequest@dfps.state.tx.us](mailto:casabgcrequest@dfps.state.tx.us)**  
**Fax Number: (512) 339-5871**  
**ATTN: CBCU Non-Licensing Unit**

Send results of requested check to: **(FOR CASA PROGRAM USE ONLY)**

CASA Program: \_\_\_\_\_

Physical Address of Program: \_\_\_\_\_  
\_\_\_\_\_

\*Required

E-mail Address of Executive Director/Authorized Representative: \_\_\_\_\_

I am authorized on behalf of the Court Appointed Special Advocate (CASA) program listed below to make this request. I have attached the proper form signed by the subject of this request granting permission to make this request.

I understand that the subject of this request is entitled to have the results provided to him or her and may not have exhausted all opportunities to contest findings in the Central Registry and may have the right to challenge any such findings.

I certify that the subject of this request is a prospective or current volunteer, employee or board member of the CASA program.

CASA Program Executive Director/Authorized Representative: \_\_\_\_\_

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

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

**Note:** CBCU will provide all results to CASA within 30 days of receiving a completed request form. If you have not received a response from the CBCU after 30 days of submitting the request, please send an email to [casabgcrequest@dfps.state.tx.us](mailto:casabgcrequest@dfps.state.tx.us) to check the status of the background check request.

There may be situations when **only** the results of the DPS criminal history check are sent to the CASA program. In these situations please contact the subject of the request for the results of the FPS Central Registry check. If the subject of the request states he/she has not received the results of the FPS Central Registry request, please have him/her contact the CBCU via email at [casabgcrequest@dfps.state.tx.us](mailto:casabgcrequest@dfps.state.tx.us) for the results.

\*\*Notice: Page 2 of this document (2970a) must remain on file and will be required for subsequent background check requests.