



**VOLUNTEER APPLICATION**

**Full Name: (please print)** \_\_\_\_\_

**Prior Surnames/other** \_\_\_\_\_

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

\_\_\_\_\_ **County** \_\_\_\_\_

**Please note all states and counties that you have resided in the last *seven* years.**

\_\_\_\_\_

**Contacts: Home** \_\_\_\_\_

**Work** \_\_\_\_\_

**Cell** \_\_\_\_\_

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

**Preferred method of contact** \_\_\_\_\_

**Emergency Contact – Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**If employed: May you be called at work?**  Yes  No

**Education History** (Please circle highest grade completed)

**High School: 9 10 11 12      College: 1 2 3 4      Graduate: 1 2 3 4**

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

**Degree:** \_\_\_\_\_

Applicant Initials: \_\_\_\_\_

Are you presently enrolled in college or continuing education courses?  Yes  No

If yes, name of College and course of study: \_\_\_\_\_

**Employment History**

Are you currently employed?  Yes  No

1. Name and address of present or last employer: \_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

2. Name and address of present or last employer: \_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

3. Name and address of present or last employer: \_\_\_\_\_

Dates: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

Do you have any training or experience in any of the following?

- |  |  |                                      |  |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Medicine          | <input type="checkbox"/> Mental Health       | <input type="checkbox"/> Counseling  | <input type="checkbox"/> Psychology      |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Drug /Alcohol Abuse | <input type="checkbox"/> Child Care  | <input type="checkbox"/> Child Welfare   |
| <input type="checkbox"/> Social Work       | <input type="checkbox"/> Education           | <input type="checkbox"/> Criminology | <input type="checkbox"/> Writing         |
| <input type="checkbox"/> Law Enforcement   | <input type="checkbox"/> News Media          | <input type="checkbox"/> Advertising | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Foreign Language  | <input type="checkbox"/> Other: _____        |                                      |  |

If you answered "yes" to any of the above items, please describe:

\_\_\_\_\_

\_\_\_\_\_

List your other current community activities and membership in clubs, church, and any other organizations:

\_\_\_\_\_

\_\_\_\_\_

**Have you ever applied to this or any other CASA program in the past? Yes No**

**Personal History**

- Yes  No Are you now, or have you ever received counseling?
- Yes  No Have you ever been hospitalized for an emotional problem?
- Yes  No Have you ever failed a drug test?
- Yes  No Do you now or have you ever had a substance abuse problem?
- Yes  No If so, did you receive treatment?
- Yes  No Do you have any health impairments?
- Yes  No Have you had formal disciplinary actions brought by an employer?

**Have you ever been:**

- Yes  No Licensed through a state employment or professional board?
- Yes  No Is your license in good standing?
- Yes  No Were you ever subject to any disciplinary action by this board?

**Do any people with whom you reside or regularly come in contact with have:**

- Yes  No Any criminal history?
- Yes  No Any involvement with the court system?
- Yes  No Any involvement with Child Protective Services?

**If yes, please explain (use back as needed)**

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**Criminal History**

*CASA of the High Plains will ask all applicants to complete a criminal records background check which will reveal any arrest, charge or conviction.*

**Please explain any “yes” answers below**

- Yes  No Have you ever been arrested/charged/convicted of a misdemeanor?
- Yes  No Have you ever been arrested/charged/convicted of a felony?
- Yes  No Have you ever been or are you currently on probation?
- 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 been arrested/charged/convicted for DWI?
- Yes  No Have you ever had your driver’s license suspended or revoked?
- Yes  No Have you ever been arrested/charged/convicted of any sexual misconduct?

**If yes, please explain (use back as needed)**

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**Please give a brief statement explaining why you want to work with the CASA program.**

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**Personal References: List below the names of three persons that are not related to you and have known you for an extended period of time.**

1. Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

**It is the policy of CASA of the High Plains to implement affirmatively equal service to all clients without regard to race, religion, sexual orientation, group, age, gender or national origin.**

**Please return your completed application and permission for background checks in person to:**

**CASA of the High Plains  
315 N. Ballard St  
Pampa, TX 79065**

**You may call or email Executive Director, Alissha Jefferis at (806)669-7638 or [alissha@casahp.org](mailto:alissha@casahp.org) if you have any questions regarding this application.**

**Thank you!**

Applicant Initials: \_\_\_\_\_

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.

## 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

Applicant Initials: \_\_\_\_\_

**APPLICATION AND RELEASE**

I, \_\_\_\_\_, do hereby swear/affirm that all of the answers provided on my volunteer application are true. I hereby authorize the CASA of the High Plains, Inc., to investigate my background to determine my fitness as a potential volunteer.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA/GAL volunteer. Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year in the CASA/GAL program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program 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 rejection of the application of any applicant will apply when:

- A. Applicant Refuses to sign a release of information form or refuses to submit to any of the checks required by CASA of the High Plains.
- B. The applicant is found to have been convicted of, or charges pending, for a felony or misdemeanor involving a sex offense, child abuse or neglect or related acts that would pose risks to children or the CASA program's credibility as a CASA volunteer.
- C. The applicant has been convicted or has prior charges, or has charges pending for a felony or misdemeanor involving a sex offense, violent act, child abuse or neglect, or any related acts that would pose risks to children or to the CASA program's credibility.
- D. If any of the above applies to a volunteer's family member, the volunteer could also be rejected.

I hereby \_\_\_\_ do give \_\_\_\_ do not give CASA of the High Plains, Inc. permission to publish in print, video or electronic format any photographs containing my likeness.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PERMISSION TO CONDUCT BACKGROUND CHECKS**  
**CASA OF THE HIGH PLAINS**  
**VOLUNTEERS**

I hereby give permission for CASA of the High Plains to conduct a background check including history of Child Protective Services involvement and a Fingerprint Based Criminal Check. I understand this is required by the standards of the CASA program.

I hereby release and hold harmless any person, firm or entity that discloses matters in accordance with this authorization, as well as CASA of the High Plains from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

Further, I ask CASA of the High Plains to withhold all of my personal information as confidential, not to be except as required by funding organizations or state agencies.

Social Security No.: \_\_\_\_\_

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

Drivers License No.: \_\_\_\_\_

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Applicant Initials: \_\_\_\_\_