

# Volunteer Application



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

Present Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Gender:  Female  Male Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnicity:  African-American  Asian-American  Caucasian  Latino  Native American  Other/Unknown

Primary Language:  English  Spanish  Signing  French  Other \_\_\_\_\_

Secondary Language:  French  Signing  Spanish  Other \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Preferred method of contact: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Education

(Circle Highest Grade Completed)

High School: 9 10 11 12

College: 1 2 3 4

Graduate: 1 2 3 4

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

## Employment Status

Full time  Part time  Student  Not employed  Retired

Name and address of present employer: \_\_\_\_\_

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

Work Schedule: \_\_\_\_\_ Days/times you are available: \_\_\_\_\_

## Employment History

Name and address of previous employer: \_\_\_\_\_

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

Name and address of previous employer: \_\_\_\_\_

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

Have you previously applied to this or any other CASA program? Yes No

If yes, please list program and explain \_\_\_\_\_

Referred By:  Flier  Friend  Internet/Facebook  Local newspaper  Local radio  National media  
 Event: \_\_\_\_\_  Other  Unknown  Volunteer referral agency/TX CASA

**Training/Experience:**

**(Mark or Circle)**

Advertising	Child Care	Child Development	Child Welfare
Counseling	Criminology	Drug/Alcohol Abuse	Education
Foreign Language	Law Enforcement	Medicine	Mental Health
News Media	Psychology	Public Speaking	Social Work
Writing	Other: _____		

Please describe any marked above: \_\_\_\_\_  
\_\_\_\_\_

**Personal History**

- 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 yes, did you receive treatment?  Yes  No
- Do you have any health impairments?  Yes  No
- Are you currently under the care of a physician?  Yes  No
- Have you had formal disciplinary actions brought against you by an employer?  Yes  No
- Are you licensed through a state employment or professional board?  Yes  No
- If yes, is your license in good standing?  Yes  No
- Have you been subject to any disciplinary action by this board?  Yes  No
- Do any people with whom you reside or regularly come in contact with have:
  - Criminal history?  Yes  No
  - Court system involvement?  Yes  No
  - Child Protective Services involvement or history?  Yes  No

If yes, please explain (use back if needed): \_\_\_\_\_  
\_\_\_\_\_

**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. Answering yes to any of the questions below does not disqualify you from the application process.*

- 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 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?  Yes  No

If yes, please explain (use back if needed): \_\_\_\_\_  
\_\_\_\_\_

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

**Personal References:** Please list the names and contact information of three people that are not related to you and have known you for an extended period of time.

1. **Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone No:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_
  
2. **Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone No:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_
  
3. **Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone 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.**

**Completed application, permission for background checks and a copy of driver's license should be submitted in person to:**

**CASA of the High Plains  
315 N. Ballard St.  
Pampa, TX 79065  
(806)669-7638 | CASAHP.org**

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

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.

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

CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK

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 :		SSN	
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Race (check all applicable)			Ethnicity (check one, only)		
<input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Nat Hawaii/Pacific <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine			<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine		
List all addresses you have resided in <u>Texas</u> :					

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

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

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.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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