



Program Application for:

- CASA
- CAC
- Other _____

CHILD ADVOCATES OF NAVARRO COUNTY

VOLUNTEER APPLICATION

Name: _____

Address (Street Address / City / State / Zip): _____

How long have you lived in Navarro County? _____

How did you learn about Child Advocates of Navarro County? _____

Telephone: Home: (_____) _____

Cell: (_____) _____

Work: (_____) _____

If employed: May you be called at work? **YES** **NO**

Email address: _____

Social Security # _____

Date of Birth: _____ **Place of Birth:** _____

Marital Status: _____

If presently married, state spouse's name & occupation:

Spouse: _____

Occupation: _____

Employer: _____

<u>Children's Names</u>	<u>Date of Birth</u>	<u>Gender</u>
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Other Members of Household:

Name

Relationship

Gender / Age

Do you drive? **YES** **NO** (please circle one)

Do you have a valid & current Texas Driver's License?
YES **NO** (please circle one)

Do you have an automobile available to you?
YES **NO** (please circle one)

Do you have valid & current automobile insurance coverage?
YES **NO** (please circle one)

EDUCATION HISTORY

Please circle highest completed:

High School: 9 10 11 12

College: 1 2 3 4

Graduate: 1 2 3 4

SCHOOL	MAJOR / DEGREE	POST GRADUATE DEGREE or PROFESSIONAL TRAINING	DATES ATTENDED

Are you presently enrolled in school? **YES** **NO**

If yes, name of school and course of study _____

VOLUNTEER APPLICANT LAST NAME: _____

EMPLOYMENT HISTORY

Are you currently employed? YES NO

If so, will you be able to take time off for required daytime casework, including court appearances, mediations, case staffings & family visitations at CPS?

YES NO

Please list in reverse chronological order (i.e.: start with the most recent):

EMPLOYER & NAME of SUPERVISOR	OCCUPATION	DATES of EMPLOYMENT	REASON FOR LEAVING

Have you encountered any problems with employment? YES NO

If yes, please explain _____

VOLUNTEER APPLICANT LAST NAME: _____

VOLUNTEER HISTORY (You may attach an additional sheet if necessary.)

Please list in reverse chronological order (i.e.: start with the most recent):

ORGANIZATION & NAME of VOLUNTEER SUPERVISOR	VOLUNTEER PROJECTS / RESPONSIBILITIES	DATES of VOLUNTEERING	REASON FOR LEAVING

List any other current community activities & memberships in clubs, churches & other organizations:

Do you have any training or experience in any of the following? (Please check all that apply)

<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 Programs
<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"/>	Law Enforcement
<input type="checkbox"/>	News Media	<input type="checkbox"/>	Writing	<input type="checkbox"/>	Advertising/Public Relations
<input type="checkbox"/>	Public Speaking	<input type="checkbox"/>	Art or Graphics	<input type="checkbox"/>	Foreign Language

If you answered yes to any, please describe / explain: _____

Do you anticipate any planned events or changes in the next year in your life (e.g.: career, travel, moving, etc.) that would prevent you from or make it difficult for you to make the necessary time commitment to fulfill all required duties as a CASA? If so, please explain:

VOLUNTEER APPLICANT LAST NAME: _____

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PERSONAL BACKGROUND INFORMATION

1. Why have you chosen to do your volunteer work with Child Advocates of Navarro County?

2. Have you or has anyone in your family of origin (includes parents, siblings, spouses, children, etc.) been:

Please check all that apply.

- Sexually abused?
- Physically abused?
- Emotionally abused?
- Neglected?
- Exposed to domestic violence?
- Involved with Children's Protective Services (CPS)?

3. Have you or has anyone in your family ever abused substances (e.g.: drugs, including prescription medications, & alcohol)?

- YES
- NO

If "YES", please expand in terms of "who?" & "when" & identify any recovery process: _____

4. If you checked one or more of the options in Question #2 and/or if you checked "YES" in Question #3, how do you think these experiences have impacted your life?

5. If you checked one or more of the options in Question #2 and/or if you checked "YES" in Question #3, how do you think these experiences will impact your volunteer work with Child Advocates of Navarro County?

6. Have you ever been arrested for a crime?

YES NO

If yes, what charge? Please describe / explain: _____

Please include:

Date of arrest: _____

Location of arrest / arraignment: _____

Disposition of case: _____

Other relevant details: _____

7. Have you or a member of your family ever been directly or indirectly involved with CPS or any similar child protection agency?

YES NO

If yes, please describe / explain. (Please include date & location in your explanation.)

8. Do you have any mental health problems/issues/concerns that you are currently being treated for or have been in treatment for in the past?

YES

NO

If yes, please describe / explain: _____

9. Are you currently taking any medications that could affect your performance as a CASA volunteer? (Examples: mind or mood altering, narcotics, miscellaneous side effects, etc.)

YES

NO

If yes, please describe: _____

10. Do you have any physical or health limitations or concerns, which might affect your ability to serve as a CASA volunteer?

YES

NO

If yes, please describe: _____

PERSONAL REFERENCES

Requirements:

1. Must **NOT** be a relative
2. If you are employed, one reference must be from your **employer**.

REFERENCE #1

Name: _____

Address (Street Address / City / State / Zip): _____

Telephone#: (_____) _____

Relationship to Volunteer Applicant: _____

REFERENCE #2

Name: _____

Address (Street Address / City / State / Zip): _____

Telephone#: (_____) _____

Relationship to Volunteer Applicant: _____

REFERENCE #3

Name: _____

Address (Street Address / City / State / Zip): _____

Telephone#: (_____) _____

Relationship to Volunteer Applicant: _____

VOLUNTEER APPLICANT LAST NAME: _____

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APPLICATION AND RELEASE

I, _____, do hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize Child Advocates of Navarro County to investigate my background as part of the screening process to determine my fitness / appropriateness as a potential volunteer. I understand that not all applicants who apply to be a volunteer are chosen to participate in the program and that Child Advocates of Navarro County reserves the right to deny an applicant into the volunteer program for any reason.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a Child Advocates of Navarro County volunteer. Further, I understand that after the successful completion of my training, it will be my goal to serve a minimum of one year in the Child Advocates of Navarro County program. If unforeseen circumstances prevent me from fulfilling this goal, 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.

Name (please print)

Signature

Date



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 at the Navarro County Courthouse, 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. 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 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 myself choose to discontinue my involvement with Child Advocates of Navarro 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.

Signature of Volunteer

Date

Signature of CASA Staff

Date

VOLUNTEER APPLICANT LAST NAME: _____

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General Requirements of All Child Advocate 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.



FELONY CONVICTION INFORMATION

I have read this form in its entirety, including the attached list, and understand that the information will be verified by Child Advocates of Navarro County, and that the inclusion of any false information or the omission of any requested information is cause for my immediate dismissal by Child Advocates of Navarro County.

I agree to inform Child Advocates of Navarro County if this information changes any time during my employment or participation in any of the programs of Child Advocates of Navarro County.

Name (please print)

Signature of Employee or Volunteer

Date

I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE FOLLOWING:

A. PROHIBITION FROM SERVING IN ANY CAPACITY AS AN EMPLOYEE OR VOLUNTEER OF A CHILD-RELATED / CHILD-FOCUSSED AGENCY FOR ANY PERSON CONVICTED WITHIN THE PREVIOUS 10 YEARS (MINIMUM) OF:

- 1. Any felony or misdemeanor classified as an offense against person or family;**
- 2. Any felony or misdemeanor involving public indecency;**
- 3. Any felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act.**

B. REASSIGNMENT OR REMOVAL FROM CONTACT WITH CHILDREN OF ANY EMPLOYEE OR VOLUNTEER WITH A CHILD-RELATED / CHILD-FOCUSSED AGENCY FOR ANY OF THE FOLLOWING REASONS:

- 1. An indictment alleging commission of a felony classified as offense against the person or family, or of public indecency, or of a felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act;**
- 2. An indictment alleging commission of a misdemeanor classified as an offense against the person or family or of public indecency;**
- 3. An official criminal complaint accepted by a district or county attorney alleging commission of a misdemeanor classified as an offense against the person or family or of public indecency.**

VOLUNTEER APPLICANT LAST NAME: _____

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PERMISSION TO RELEASE PRIVATE INFORMATION
CHILD ADVOCATES OF NAVARRO COUNTY



YES, you may release my home address and home phone number from my volunteer file.



NO, you may not release my home address and home phone number from my volunteer file.

Volunteer Applicant Signature

Date