

Do you have any experience working with children? Yes _____ No _____

If yes, please explain (give type of activity/ages of children/professional or volunteer?) _____

Have you ever applied with another organization that works with children?

Yes _____ No _____

Were you accepted? Yes _____ No _____ Name of Organization _____

What were your responsibilities? _____

Please list other volunteer experiences: (give name & dates involved) _____

How did you hear about CASA of Southeast Texas, Inc.: _____

Have you ever applied to this or any other CASA in the past two years? Yes _____ No _____

If yes, when and where? _____

Why do you want to become a CASA volunteer? _____

What strengths do you feel you have that you will utilize in working as a CASA volunteer?

What weaknesses do you feel you may have in working as a CASA volunteer?

Present membership in clubs or organizations (include in offices held): _____

Have you or any member of your family ever been involved with a case that was heard in the Jefferson County District Courts? Yes _____ No _____

If yes, please explain and give dates and names: _____

Do you give CASA of Southeast Texas, Inc. permission to obtain information from the agency(ies) of club(s) regarding your previous volunteer experience and membership?

Yes _____ No _____ If no, please explain: _____

Please complete all question and give details as needed:

1. Are you now receiving or have you ever received counseling? Yes _____ No _____

If yes, please explain: _____

2. Have you ever been hospitalized for an emotional problem: Yes _____ No _____

If yes, please explain: _____

3. Have you ever been charged and/or convicted of a misdemeanor? Yes _____ No _____

If yes, please explain: _____

4. Have you ever been charged and/or convicted of a felony? Yes _____ No _____

If yes, please explain: _____

5. Have you ever been or are you currently on probation and/or parole? Yes ____ No ____
 If yes, please explain: _____
 If yes, state offense for probation/parole and give starting dates and ending dates: _____

6. Have you ever been convicted of a traffic violation? Yes ____ No ____
 If yes, please explain: _____
 Any DWI/DUI arrests or convictions? Yes ____ No ____
 If yes, please explain: _____
 Have you ever had your license revoked or suspended? Yes ____ No ____
 If yes, please explain: _____
7. Do you now or have you ever had a chemical or alcohol dependency/abuse problem?
 Yes ____ No ____
 If yes, please explain: _____
8. Do you have any kind of health impairment? Yes ____ No ____
 If yes, please explain: _____
9. Have you or any member of your immediate family ever been charged and/or convicted of a sex offense (including pornography)?
 Yes ____ No ____
 If yes, please explain: _____
10. Do you give CASA of Southeast Texas, Inc. permission to obtain additional information for screening purposes from other sources? Yes ____ No ____
11. As a CASA volunteer, I will:
- | | | |
|------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Commit a minimum of one year to being a CASA. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Attend all hearings and meetings on my case when they are scheduled. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Participate in CASA's initial training program of about 33 hours. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Participate in in-service training with CASA at least 12 hrs/year. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Visit with the child(ren) in their placements at least 2x a month. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Participate in fact finding, monitoring, and report my knowledge orally and in written form to the court. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Provide timely documentation of volunteer hours and case information monthly. |
12. Do you agree that your first six months in the CASA program are probationary?
 Yes ____ No ____
13. Do you carry liability insurance on your car? Yes ____ No ____
 Give the name of insurance carrier & policy #: _____

THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT:

1. As a part of CASA's policy, additional personal information will be gathered during the screening and training process, and that
2. CASA retains the right to refuse any individual that does not submit to release of information and background checks or anyone CASA feels would not be in the best interest of the program and, further, CASA is not required to state the reason(s) for non-acceptance, and that
3. The volunteer's file is held in strictest confidence and becomes the property of CASA of Southeast Texas, Inc.

I give my permission to CASA to release information about my experience as a CASA volunteer to any other CASA program to which I may apply in the future.

I have truthfully responded to all of the questions on this application.

"I am interested in becoming a CASA volunteer, and know no reason why I should not be assigned to a child in the program. I am aware that the children in the CASA program have been abused, neglected, or abandoned by adults, and since I do not want to be another cause of disappointment to the child, I agree to a minimum commitment of one year to the child(ren) and case to which I am assigned."

Applicant's Signature

Date

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 DFPS Background Check and Fingerprint Background Check through the Texas Department of Family and Protective Services/Texas Department of Public Safety on my behalf. I acknowledge the CASA program will receive notification of any child abuse or neglect allegations as well as criminal charges while I am appointed on a CASA case or during a temporary leave from case assignment that may last up to 90 days.

Equal Opportunity Statement: It is the policy of CASA of Southeast Texas, Inc. to implement affirmatively equal service to all clients without regard to race, religion, sexual orientation, group, age, gender, national origin or disability.

(Please mail this application in the envelope provided)