CASA of Liberty/Chambers Counties advocates for the best interest of abused and neglected children in the court system, through the training and support of community volunteers.



# Thank you for your interest in becoming a volunteer for CASA of Liberty/Chambers Counties.

#### APPLICANTS ELIGIBILITY REQUIREMENTS

Individuals desiring to volunteer with CASA of Liberty/Chambers Counties will be asked to Submit to national and local background criminal checks, CPS Central Abuse/Neglect Registry Check, and reference checks.

All criminal background checks will include:

- 1) Sex-offender registry check;
- 2) Finger-print based criminal background check from the FBI
- 3) CPS Central Abuse/Neglect Check

#### Applicants who do not agree to these checks cannot be accepted

CASA cannot accept applicants if their criminal history results include; guilty pleas, pleas of no contest, acceptance of deferred adjudication, and charges (whether pending or not, felony or misdemeanor)

Involving violence, child abuse or neglect, or sex- or drug- related offenses of the individual or of someone whom the individual resides or regularly comes in contact.

#### APPLICATION PROCESS

Attached is our Volunteer Application, Criminal History Background Check Authorization, and Texas CPS/DPS Central Registry Check Authorization, and Volunteer Description.

### **CASA VOLUNTEER APPLICATION**

| CASA VOLUNTEER INFORMATION   |                                    |                         |                        |     |  |
|--|------------------------------------|-------------------------|------------------------|-----|--|
| Last Name  | First                              |                         | M.I.                   | DOB |  |
| Street Address   | Apartment/Unit#                    |                         |                        |     |  |
| City   | <u> </u>                           | Zip                     |                        |     |  |
| Phone  | Cell#                              |                         | E-mail                 |     |  |
| Work Phone   | Fax No.                            |                         | Social Security #      |     |  |
| Marital Status   | Driver's License #                 |                         | Driver's License State |     |  |
| Do you drive:  | S □ NO Do you                      | u have access to a car? | ☐ YES ☐ NO             |     |  |
| Do you have children?  | $\subseteq$ S $\square$ NO If Yes, | how many?               | Ages?                  |     |  |
| Do you speak a foreign language?   | ES □ NO If Yes,                    | which language(s)?      |                        |     |  |
| Are you currently employed?  | S □ NO If yes,                     | who is your current emp | loyer?                 |     |  |
| Are you part time or full time?  | Can w                              | ve contact you at work? | ☐ YES ☐ NO             |     |  |
| How did you find out about our CASA program  | ?                                  |                         |                        |     |  |
|  |                                    |                         |                        |     |  |
| EDUCATION  |                                    | T                       |                        |     |  |
| High School  |                                    | Address                 |                        |     |  |
| From To  | Did you graduate?                  | YES □ NO □              |                        |     |  |
| College  |                                    | Address                 |                        |     |  |
| From To  | Did you graduate?                  | YES □ NO □              | Degree                 |     |  |
| Other  |                                    | Address                 |                        |     |  |
| From To  | Did you graduate?                  | YES □ NO □              | Degree                 |     |  |
| EMPLOYMENT HISTORY   |                                    |                         |                        |     |  |
| Company  |                                    | Phone                   |                        |     |  |
| Address  |                                    | Supervisor              |                        |     |  |
| Job Title  | Dates of Employment                |                         |                        |     |  |
| Responsibilities   |                                    |                         |                        |     |  |
| The Sport of State of |                                    |                         |                        |     |  |
| May we contact your previous supervisor for a reference?   |                                    |                         |                        |     |  |
| Company  |                                    | Phone                   |                        |     |  |
| Address  |                                    |                         |                        |     |  |
| Job Title  |                                    | Dates of Employment     |                        |     |  |
| Responsibilities   |                                    |                         |                        |     |  |
| May we contact your previous supervisor for a  | reference?   YES                   | □ NO                    |                        |     |  |

| EMPLOYMENT HISTORY (cont'o  | d)  |  |   |  |
|---|---|--|---|--|
| Company   |   | Phone  |   |  |
| Address   |   | Supervisor   |   |  |
| Job Title   |   | Dates of Employment:                                   |   |  |
| Responsibilities:   |   | Dutes of Employment.                                   |   |  |
| May we contact your previous supe   | ervisor for a reference?  | □ NO   |   |  |
| REFERENCES - Please list four   | references - two personal an  | d two professional -                                   | - no family members   |  |
| NAME  | PHONE   |  | RELATIONSHIP  |  |
| 1)  |   |  |   |  |
| 2)  |   |  |   |  |
|   |   |  |   |  |
| 3)  |   |  |   |  |
| 4)  |   |  |   |  |
| COMMUNITY AFFILIATIONS/CL   | UB MEMBERSHIPS/VOLUNTEER  | EXPERIENCE   |   |  |
| Agency/Organization   | Dates of Ir   | nvolvement   | Activities  |  |
|   |   |  |   |  |
|   |   |  |   |  |
|   |   |  |   |  |
|   |   |  |   |  |
|   |   |  |   |  |
| Who may we contact in case of   | an emergency?   |  |   |  |
|   |   |  |   |  |
| Name  | Address   |  | Phone Number  |  |
| DICCI AIMED AND CICALATURE  |   |  |   |  |
| of deferred adjudication, and charg<br>drug-related offenses of the individ | cept an applicant whose criminal his<br>ges (whether pending or not, felony o<br>lual, or of someone with whom the ir | or misdemeanor) involvin<br>ndividual resides or regul | e: guilty pleas, pleas of no contest, acceptance<br>g violence, child abuse or neglect, or sex- or<br>larly comes into contact. |  |
| I certify that my answers are true a  | nd complete to the best of my knowl   | ledge.   |   |  |
| Signature   |   | Date   |   |  |

| MISC INFORMATION & CONSENT  |   |                                      |                                  |  |  |
|---|---|--------------------------------------|----------------------------------|--|--|
| Have you ever been convicted of a   | crime other than a t  | raffic violation? $\Box$ YE          | ES 🗆 NO                          |  |  |
| If yes, what charge?  |   | Date of arrest, filed or conviction: |                                  |  |  |
| Court in which conviction was ente  | ered, or case is pend   | l<br>ing:                            |                                  |  |  |
|   |   |                                      |                                  |  |  |
| Do you have any training, experience,   |   | _                                    |                                  |  |  |
| Child Abuse   | Drug/Alcohol Ab   | ouse Programs                        | Child Care                       |  |  |
| Child Development   | Foster Care   |                                      | Psychology                       |  |  |
| Child Welfare   | Public Speaking   |                                      | Counseling                       |  |  |
| Law Enforcement   | Social Work   |                                      | Court System                     |  |  |
| Writing   | Mental Health   |                                      | Public Relations                 |  |  |
| Please Describe:  |   |                                      |                                  |  |  |
| Describe.   |   |                                      |                                  |  |  |
| Are you willing to commit one year  | <b>r</b> of volunteer service   | e? □ YFS □ NO                        |                                  |  |  |
|   | _   |                                      | . well 1 11 .                    |  |  |
| As a CASA you will be required to a arrange your schedule to attend the   | _   | · ·                                  | epresent. Will you be able to    |  |  |
| - 1   | _   |                                      |                                  |  |  |
| What are your reasons for wanting   | ; to participate as a C   | LASA volunteer?                      |                                  |  |  |
|   |   |                                      |                                  |  |  |
| Are you prepared to complete <b>30 hours of pre-service</b> training ( <b>3 hours of pre-service court room</b> observation), and a minimum of <b>12 hours per year</b> of <b>in-service</b> training? $\square$ YES $\square$ NO |   |                                      |                                  |  |  |
| and a minimum of 12 nours per ye  | ar or in-service train  | illig!   TE3   NO                    |                                  |  |  |
|   |   |                                      |                                  |  |  |
|   |   |                                      |                                  |  |  |
|   |   |                                      |                                  |  |  |
| <b>VOLUNTEER COMMITMENT:</b> Participating in the CASA program  | roquiros a significan   | t valuntaar cammitma                 | nt requiring a special type of   |  |  |
| person, willing to work difficult and   |   |                                      |                                  |  |  |
| remain professional in demeanor, agree to program supervision, and agree to meet deadlines. In addition,  |   |                                      |                                  |  |  |
| he/she must be willing to devote a  | _   |                                      |                                  |  |  |
| CASA must have a certain degree of flexibility in his/her schedule, to allow for court appearances on days when they submit reports, and for visits to family members involved in the case, either at their home, or, at another  |   |                                      |                                  |  |  |
| agreed upon location. Are you willing to accept these responsibilities?No   |   |                                      |                                  |  |  |
| HOW MANY HOURS A WEEK CAN YOU   | J GIVE TO THE PROGR   | AM?hı                                | rs./month                        |  |  |
| I understand that by submitting thi   | * *   |                                      | = -                              |  |  |
|   | as a volunteer court appointed special advocate. I certify that all the above is true, and that any untruthful or misleading answers may be cause for my volunteer application to be rejected, or my volunteer position to be |                                      |                                  |  |  |
| terminated.   | or my volunteer app   | meation to be rejected               | , or my volunteer position to be |  |  |
|   |   |                                      |                                  |  |  |
| Applicant's Signature   |   | <del></del>                          | Date                             |  |  |



#### **Agreement to Obtain**

DFPS Background Checks Criminal Background Checks Sex Offender Registry Checks Motor Vehicle Record Checks

Due to the confidential nature of serving children who have been abused, neglected or abandoned, as a matter of routing, CASA of Liberty/Chambers Counties requests each prospective volunteer comply with obtaining DFPS background checks, DPS checks, Criminal Background checks including FBC fingerprint checks, Sex Offender Registry checks, Motor Vehicle Record checks and SSN checks.

In order to comply with this requirement, you will be required to complete the DFPS Background form in your packet. The following information will be requested:

- 1. Full Name
- 2. Other Names Used
- 3. Date of Birth
- 4. Social Security Number

- 5. Current Address
- 6. Previous Address
- 7. Race and Ethnicity
- 8. Email Address

We ask you to complete the information listed above **before** your initial interview. The Department of Family and Protective Services (DFPS) is responsible for requests and will complete the search.

Do you have any problems or concerns that may be raised by reference checks with the child abuse registry or criminal background check?

I understand, if I do not comply with this procedure, I will not be able to become a CASA Advocate, employee, or Board member.

| Signature | Date |  |
|-----------|------|--|

### DFPS Background Check: Information Collection Form For CASA Employees/Volunteers

| First Name  | Middle Name      |             |              | Last Name  |          |
|---|------------------|-------------|--------------|--|----------|
| Other names or spellings used (married, maiden ,alias, ect.) –First, Middle, Last   |                  |             |              |  |          |
| Residence Street Address  |                  |             |              |  |          |
| City  | County           |             | State        |  | Zip Code |
| Residence Telephone Number  |                  | Alternate T | elephone Num | ber  |          |
| Date of Birth   | Gender:          | ender: SSN  |              |  |          |
| ☐Asian ☐ Black ☐White ☐ Am Indian/AK Native   |                  |             | Hispanic     | Ethnicity (check one, only)  ☐ Hispanic ☐ Not Hispanic ☐ Unable to Determine |          |
| List other places you have resided (for a mi  | nimum of the pas | t 5 years)  |              |  |          |
| Eligible for Case Connection: Yes \( \square\) No   |                  |             |              |  |          |
| Email Address of the Subject of the Backgro   | ound 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 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 preforming 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 specially authorized under the contract or agreement in places between my organization and DFP. If at any time a question or problem arises with regard to the release of information, I will not release information until I am so authorized. Under no circumstances will I access or release confidential information for any purpose other than in the performances 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 subjected to persecution 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         |  |          |

## **Volunteer Demographic Information**

Quarter/Year \_\_\_\_\_

| Last name  | First n  | First name   |  |  |  |  |
|--|--|--|--|--|--|--|
| Age of Volunteer   | <u>Gender</u><br>Female<br>Male  | Marital Status  Divorced  Married  Separated  Single  Widow(er)  |  |  |  |  |
| Language English Spanish Sign Other  | <u>Ethnicity</u><br>Hispanic/Latino<br>Not Hispanic or Lat                         | <br>tino   |  |  |  |  |
| Race African American Asian American Bi-racial Caucasian Hispanic/Latino Multi-racial  | Career Type Attorney Education Prof Government/Military Legal Medical Prof Teacher | Education  College GED High School Post Grad Some College Other  |  |  |  |  |
| Income<br>\$15,001-20,000<br>\$20,001-30,000<br>\$30,001-40,000<br>\$40,001-50,000<br>\$50,001-60,000<br>\$60,001-70,000<br>\$70,001 + | Employment Status Full Time Part Time Not Employed Retired Student                 | How You Heard About CASA  Agency/Prof Business/Corp Event Flyer Friend Internet Media Referral Agency Religious Org. Theta Other |  |  |  |  |

#### **ADVOCATE INTERESTS**

| Do you have any experience working with children? Yes No                                      |
|---|
| Please list activity and ages of children. Professional or volunteer?                         |
| What are your strengths and weaknesses?   |
| Have you ever applied to this or any other CASA programs in the past? Explain where and when: |
| Have you ever been hospitalized for an emotional problem?                                     |
| Do you now or have you ever had a substance abuse problem?                                    |
| What values are important to your family? What is your most important value?                  |
| Do you have personal experience with any of the following?                                    |
| Child Abuse?  |
| Foster Care?  |
| Child Welfare?  |
| Domestic Violence?  |
| Victim of violent crime?  |

| Have you ever been fired from a job? Why?    |  |  |  |  |
|--|--|--|--|--|
| What type supervision do you work best with? |  |  |  |  |
| Do you have any kind of health impairments?  |  |  |  |  |

#### **CASA ADVOCATE PREFERENCES**

| Do you | u have a preference re   | garding ages o                     | f children in your c                   | ase(s)?                         |                              |
|--------|--|------------------------------------|--|---------------------------------|------------------------------|
| Any    | Infants  | 18 mos. to 5                       | 6 to 11                                | 12 to 18                        |                              |
| Do voi | u have a preference as   | to:                                |  |                                 |                              |
| ,      | Gender:  |                                    | Female                                 | Either                          |                              |
|        | Number of Children:  |                                    |  |                                 |                              |
|        | Geographic Area:   |                                    |  |                                 |                              |
| Are th | ere specific disabilities  | that you woul                      | ld prefer to NOT w                     | ork with? No                    |                              |
|        | Cardiac Cereb  | oral Palsy                         | Circulatory                            | Hearing                         | Respiratory                  |
|        | Learning Disabilities  | Mental                             | Retardation                            | Mobility                        | Neurological                 |
|        | Psychological  | Reactive Atta                      | chment Disorder _                      |                                 |                              |
|        | Other  |                                    |  |                                 |                              |
| Do you | Abandonment Medical Neglect  have any disabilities?  Cardiac Cerek  Learning Disabilities _  Other | Physical Ab Yes oral Palsy Mobilit | ouse Sexual No Circulatory cy Neurolog | Abuse<br>Hearing<br>gical Psych | _ Respiratory<br>nological   |
| What   |  |                                    |  |                                 |                              |
|        |  |                                    |  |                                 |                              |
|        | vould you respond who<br>an you possibly unders  | •                                  | •                                      | •                               | it's like to be in my shoes? |
|        |  |                                    |  |                                 |                              |

By signing below, I assure that everything on this form and my application is true.

| Signature       |  |
|-----------------|--|
| Print Your Name |  |
| Date            |  |

EQUAL OPPORTUNITY STATEMENT - It is the policy of CASA of Liberty/Chambers Counties to implement affirmatively equal service to all clients without regard to race, religion, sexual orientation, group, age, gender, or national origin.

### **Frequently Asked Questions**

#### Do I have to be a lawyer or social worker?

No. People from all walks of life become CASAs. After you have been accepted into the CASA program, you will receive a minimum of 30 hours of training to prepare you for your work as a CASA. You will receive ongoing support from professional CASA staff.

#### What kinds of people serve as CASA volunteers?

Being a CASA volunteer requires no specialized degrees or legal experience. It does require special people over age of 21 who have:

A concern for children;

A genuine desire to help;

The ability to remain objective;

The maturity to deal with emotional situations;

The commitment to complete a 30-hour minimum training course;

Sensitivity to people who are different from themselves;

Access to transportation and a flexible schedule; and

A willingness to devote at least one year to a child's case.

#### Do I have time for this?

Most CASA volunteers work full time and find the *CASA* experience flexible enough to accommodate their schedules. You will go to court about 4-5 times a year and attend a few daytime meetings. The rest of a CASA volunteer's work is done on his or her own time - visiting the child, reviewing records and reading and writing reports. You will meet, email and call others involved in the case. Throughout a child's case, volunteers typically spend an average of 15 hours a month, including travel time and phone calls.

#### Can I handle this emotionally?

CASA volunteers are assigned to a case after the alleged child abuse or neglect has occurred and the child is placed in foster care. The CASA volunteer's focus is on determining the child's current and future needs. CASA staff provides emotional support and guidance throughout the case and accompanies volunteers to court hearings.

#### What kinds of children will I be working with?

You will be working with children who have been removed from their homes due to abuse or neglect. These children could be living in an emergency shelter, a foster home, a residential treatment center or a relative's home. They range in age from newborn to teenager and in numbers from one child on a case to a large sibling group. Volunteers can choose an age range that they prefer to work with and also whether they'd prefer to work with a sibling group or only one child. Our goal is always to provide a CASA to every child who needs one.

#### Will I be safe?

CASA volunteers are never expected or encouraged to place themselves in dangerous situations. The work of

CASA is challenging, but you will always have the support of a CASA staff person.

#### How do I know what to recommend to the judge in a case?

CASA volunteers make recommendations based on the time they spend with the child, the review of records and information you gather in interviews with the caseworker, the attorney for the child, the foster parents, teachers, relatives, parents, and the CASA supervisor.

#### Why would the judge listen to me?

The judge appoints CASA to represent the best interest of the child and to make informed recommendations to the court about what you think is best interests of the child. Judges respect CASA volunteers and take their recommendations into account when making decisions.

#### Will my time make a difference?

Absolutely! CASA volunteers offer children hope and assistance as the children go through a very difficult time in their lives. And, CASA volunteers are often the one constant, strong voice advocating on behalf of children in care. As a result, children represented by CASA are more likely to:

- Receive the services and resources they and their families need,
- Maintain stable placements while in foster case, and
- Avoid the court system once their case is dismissed

#### How does a CASA volunteer differ from an attorney?

A CASA volunteer does not provide legal representation. A CASA volunteer takes into account what a child may want and speaks specifically to what is in the best interest of the child.

#### Are there any other agencies or groups that provide the same service?

No. There are other child advocacy organizations, but CASA is the only program where volunteers are appointed by the court to represent a child's best interests. While attorneys are appointed to represent the child's legal interests and advocate for what the child *wants*, CASA's duty is to advocate for what the child *needs*.