

Other Members of Household:

Name

Relationship

Gender / Age

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

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

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

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

EDUCATION HISTORY

Please check 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 _____

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 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.

PERSONAL BACKGROUND INFORMATION

1. Why have you chosen to do your volunteer work with Child Advocates of Montgomery 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 Montgomery 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: _____

ESSAY #1

Please provide a short summary about your interests in volunteerism and how you hope to benefit from your experience as a CASA volunteer.

ESSAY #2

Please give a short account of the role you believe society should play in protecting the rights of children and in helping a family overcome hardships and remain together. Also include your feelings regarding the rights and responsibilities of parents and children.

ESSAY #3

Please give a short explanation about your personal feelings about people who abuse &/or neglect their children?

ESSAY #4

Please write a one-page autobiography. Please be sure to include any historical information you feel especially shaped your life. Also include information about your current lifestyle, such as career, hobbies, interests, etc.

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: _____

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 Montgomery 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 Montgomery 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 Montgomery 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 Montgomery 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 Montgomery 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 Child Advocates of Montgomery County. 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 Child Advocates of Montgomery County(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 Montgomery County 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 Child Advocate of Montgomery County.
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

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.

CRIMINAL BACKGROUND HISTORY SCREENING

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK **AUTHORIZATION/WAIVER/INDEMNITY**

Each staff member or volunteer who is to be screened must sign an authorization/waiver/indemnity form, giving approval for the Agency and VOLUNTEER HOUSTON to perform the criminal background search.

I HEREBY GIVE MY PERMISSION IN EXCHANGE FOR GOOD AND VALUABLE CONSIDERATION FOR CHILD ADVOCATES OF MONTGOMERY COUNTY TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD THROUGH Choice Point. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCIES, MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATION. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART, TO DETERMINE MY ELIGIBILITY FOR AN EMPLOYMENT/VOLUNTEER POSITION WITH THIS ORGANIZATION. I ALSO UNDERSTAND THAT AS LONG AS I REMAIN AN EMPLOYEE OR VOLUNTEER HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AND A PROCEDURE IS AVAILABLE FOR CLARIFICATION, IF I DISPUTE THE RECORD AS RECEIVED.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND DEFEND VOLUNTEER HOUSTON AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER, AND ANY AND ALL RELATED ATTORNEY'S FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER/STAFF MEMBER. THIS INDEMNIFICATION DOES NOT INCLUDE ANY GROSS NEGLIGENCE OR INTENTIONAL TORTIOUS CONDUCT ON THE PART OF THE VOLUNTEER CENTER.

APPLICANT'S SIGNATURE

DATE

PRINTED NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

Ethnicity (please check one):

Anglo

Black

Hispanic

Indian

Asian

Other

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 Montgomery 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 Montgomery County.

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

NOTE: See attached list for offenses against person or family or of public indecency.

I ACKNOWLEDGE THAT I HAVE EXAMINED THE ATTACHED LIST OF VIOLATIONS WITHIN THE PROHIBITED CLASS AND THAT I AM PROVIDING THE FOLLOWING INFORMATION RELATED THERETO:

I, _____
 Print Name

- have
- have not

been convicted preceding this date of a felony or a misdemeanor within the prohibited class or 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.

If your answer is affirmative (i.e.: you HAVE been convicted), please give details below:

DATE	OFFENSE / NATURE OF CONVICTION	LOCATION	DETAILS & DISPOSITION

I, _____
 Print Name

- am
- am not

currently under indictment or charged in an official criminal complaint accepted by a district or county attorney with a felony or misdemeanor within the prohibited class.

If your answer is affirmative (i.e.: you ARE under indictment), please give details below:

DATE	CHARGES	LOCATION	DETAILS

CRIMINAL OFFENSES FROM THE TEXAS PENAL CODE

- TITLE 5. CRIMES AGAINST THE PERSON**
Murder
Capital Murder
Voluntary Manslaughter
Involuntary Manslaughter
Criminally Negligent Homicide
False Imprisonment
Kidnapping
Aggravated Kidnapping
Aggravated Rape
Sexual Abuse
Aggravated Sexual Abuse
Homosexual Conduct
Public Lewdness
Indecent Exposure
Rape of a Child
Sexual Abuse of a Child
Indecency with a Child
Assault
Aggravated Assault
Deadly Assault on a Peace Officer
Injury to a Child
Reckless Conduct
Terroristic Threat
Aiding Suicide
Tampering with Consumer Products

- TITLE 6. OFFENSES AGAINST THE FAMILY**
Bigamy
Incest
Interference with Child Custody
Enticing a Child
Criminal Nonsupport
Sale or Purchase of a Child
Solicitation of a Child
Harboring a Runaway Child
Violation of a Court Order

- TITLE 43. PUBLIC INDECENCY**
Prostitution
Promotion of Prostitution
Aggravated Promotion of Prostitution
Compelling Prostitution
Obscene Display or Distribution
Obscenity
Sale, Distribution, or Display of Harmful Material to a Minor
Sexual Performance by a Child

AGREEMENT TO OBTAIN CANRIS CHECK

(Child Abuse & Neglect Reporting and Inquiry System)

Because of the confidential nature of serving children who have been abused, neglected or abandoned, as a matter of routine, Child Advocates of Montgomery County requests that each prospective volunteer comply with obtaining a CANRIS SOUNDEX background check.

In order to comply with this requirement, you will be required to fill out the attached Texas Department of Family & Protective Services (CPS) TFORM 2201-A. The following information will be requested:

1. Full Name
2. Prior or Other Names
3. Date of Birth
4. Social Security Number
5. Current Address
6. Previous Address
7. Ethnicity
8. Signature

Regional data communications, or other CPS staff responsible for SOUNDEX requests will complete the search and complete Temporary Form #2207-B for each individual. This form will be placed in an individually addressed envelope and returned to the CASA office for distribution.

I agree to share the information with the CASA office upon receipt. I understand, if there is a record on me, I may request a release hearing, following existing procedure for any release hearings resulting from such a request. If a release hearing is already under way, CPS will notify me that the results of that hearing will apply to the background search requested for my CASA volunteer application.

Further, I understand, if I do not comply with this procedure, I will not be able to become a CASA volunteer.

Signature

Date

INDIVIDUAL CANRIS RECORD REQUEST

Full Name: Last, First M.I.

Prior Surnames/Other Names:

Date of Birth:

Social Security Number:

Current Address:

Previous Addresses: (Last Ten Years)

Ethnicity (please check one):

Anglo

Black

Hispanic

Indian

Asian

Other

I request that the Child Protective Services division of the Texas Department of Family & Protective Services conduct a search of its Child Abuse & Neglect Reporting & Inquiry system (CANRIS) to determine whether I am listed as an alleged or sustained perpetrator on any report with a disposition of "reason to believe". I have not requested a release hearing that is currently pending resolution.

Signature

Date

Please allow ten working days for response

PERMISSION TO RELEASE PRIVATE INFORMATION
CHILD ADVOCATES OF MONTGOMERY 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