



**CASA of Tarrant County**  
 101 Summit Avenue, Suite 505  
 Fort Worth, Texas 76102  
 Phone 817.877.5891  
 Fax 817.877.3200

*For Office Use Only:*

Waiver: \_\_\_\_\_

Interview date: \_\_\_\_\_

Interview time: \_\_\_\_\_

Staff: \_\_\_\_ & \_\_\_\_ Fee: \_\_\_\_\_

## Volunteer Application

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Are you known by any other names? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How long have you lived in Texas? \_\_\_\_\_

If less than 5 years, list your last address \_\_\_\_\_

Preferred Daytime Phone Number \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex M F

Language(s) you speak \_\_\_\_\_ Ethnicity \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever applied to this or another CASA program before? \_\_\_\_\_

### Current Marital Status

Single: \_\_\_\_\_

Committed Relationship: \_\_\_\_\_

Married: \_\_\_\_\_ Date: \_\_\_\_\_

Widowed: \_\_\_\_\_ Date: \_\_\_\_\_

Divorced: \_\_\_\_\_ Date: \_\_\_\_\_

Separated: \_\_\_\_\_ Date: \_\_\_\_\_

If married, what is your spouse's name? \_\_\_\_\_

Spouse's employer and position? \_\_\_\_\_

### Children's Names:

Lives with you?

_____	DOB: _____	Yes	No
_____	DOB: _____	Yes	No
_____	DOB: _____	Yes	No
_____	DOB: _____	Yes	No

Are you currently in the middle of any type of child custody dispute? \_\_\_\_\_

**Current Employment Status:**

Full Time \_\_\_\_\_  
Part Time \_\_\_\_\_ Hours: \_\_\_\_\_  
Retired \_\_\_\_\_ Other \_\_\_\_\_

**Employment History**  
(please list present employer first)

Name of Company & Dates Employed	Position	Supervisor	Address & Phone	Reason for Leaving

List any community groups in which you are presently active (professional associations, faith communities, service organizations, etc): \_\_\_\_\_

Do you have any experience working with children? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give organization names and details: \_\_\_\_\_

Did you give CASA of Tarrant County permission to obtain information from these companies and/or community organizations? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_

**Educational Background**

Are you currently in school? Yes \_\_\_\_\_ No \_\_\_\_\_ Part-time? \_\_\_\_\_ Full-time? \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_

**Emergency Contact Information** – who would you prefer we contact in case of an emergency?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Have you or your family had personal/professional experience with:**

(If yes, please give a brief explanation)

Child Protective Services	Yes	___	No	___	_____
Juvenile court system	Yes	___	No	___	_____
Foster care	Yes	___	No	___	_____
Other child service agencies	Yes	___	No	___	_____

**Please answer the following questions and give details and explanations if answer is yes:**

Have you ever been hospitalized for an emotional issue?	Yes	___	No	___
Do you now, or have you had a drug/alcohol abuse or dependency problem?	Yes	___	No	___
Do you have any kind of health impairment?	Yes	___	No	___

Details: \_\_\_\_\_

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**CRIMINAL HISTORY - Please respond to the following questions so that this history can be discussed and evaluated.** If you answer yes to any of the following questions, please offer an explanation in the space provided below.

Have you ever been arrested/ charged and/or convicted of a misdemeanor?	Yes	___	No	___
Have you ever been arrested/ charged and/or convicted of a felony?	Yes	___	No	___
Have you ever been or are you currently on probation?	Yes	___	No	___
Have you ever had any DWI arrests, charges, or convictions?	Yes	___	No	___
Have you ever had your driver's license revoked or suspended?	Yes	___	No	___
Have you ever been arrested/ charged or convicted of any sexual misconduct (including pornography)?	Yes	___	No	___

Provide any explanations here: \_\_\_\_\_

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**Please respond to the following questions:**

I am interested in working with children and families as a CASA Advocate at this time in my life because:

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Any hesitations or concerns regarding my participation in this program at this point are:

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How do your family and/or spouse feel about your participation with this program?

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What do you feel are your personal strengths that you will bring to this program?

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**Please provide COMPLETE contact information for four non-family references that have known you for at least one year.**

Please do not list a relative or significant other. **ONE reference MUST** be an employer or supervisor. CASA will e-mail a letter with a description of the program and reference form for them to complete and return.

(1) Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Professional relationship to you: \_\_\_\_\_

(2) Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

(3) Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

(4) Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

**The Undersigned acknowledges and agrees that:**

I am interested in becoming a CASA Advocate, and know of no reasons why I should not be assigned to a child in the CASA program. I am aware that the children CASA serves have been abused, neglected, or abandoned by adults. I do not want to be another cause of disappointment to a child, and acknowledge that I will make a commitment of at least one year to the child(ren) and case to which I may be assigned.

**As a CASA Advocate I will be willing to:** (Please write yes or no)

- \_\_\_\_\_ Commit to a minimum of one year and/or completion of one case as a CASA Advocate.
- \_\_\_\_\_ Agree to complete thirty (30) hours of new volunteer training.
- \_\_\_\_\_ Participate in at least 12 hours of additional training as offered to volunteers in the program.
- \_\_\_\_\_ Visit in person with the child(ren) to which I may be assigned.
- \_\_\_\_\_ Prepare written reports to the court with the guidance and assistance of CASA.
- \_\_\_\_\_ Participate and attend court hearings and meetings on a child's case.

**As an applicant for CASA understand and acknowledge that:**

- Court Appointed Special Advocates of Tarrant County (CASA) is not obligated in any way to accept me into the volunteer training program by submission of this application.
- CASA of Tarrant County retains the right to refuse any individual they feel would not be in the best interest of the program and further, CASA of Tarrant County is not required to state reason(s) for non acceptance into the program.
- CASA of Tarrant County will hold all information in the volunteer's file in strictest confidence. Such information becomes the property of CASA of Tarrant County.

**I authorize:**

- CASA of Tarrant County to conduct all background checks necessary to insure the safety and suitability of all program clients and participants including the request of a criminal record check by the Federal Bureau of Investigation. I agree that the results of all background checks will be sent directly to the office of CASA of Tarrant County.
- CASA of Tarrant County to release information about my application, acceptance, and/or participation in this program to any other CASA of Tarrant County to which I may apply in the future.

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

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

CASA of Tarrant County is an equal opportunity employer and operates in compliance with federal, state and local laws and regulations prohibiting discrimination in employment. This agency prohibits preference, limitation, specification, or discrimination based upon race, color, sex, pregnancy, marital status, sexual orientation, gender identity, political ideology, age, creed, religion, ancestry, national origin or the presence of any sensory, mental or physical disability (not constituting a bona fide occupational qualification). Further, it is the intent of the agency to ensure that the principle of equal opportunity is implemented in all personnel-related actions, including, but not limited to, recruitment, hiring, testing, training, promotion, compensation, and all other terms and conditions of employment in all job classifications.



## Background Verification Release Form

### AGENCY INFORMATION

Date	Agency Name CASA of Tarrant County		
Contact Name Tonya Green			
Agency's Main Phone Number 817-877-5891		Agency's Fax Number 817-877-3200	

### APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used	
Current Address			
City		State	Zip Code
Social Security Number		Date of Birth	State Issued
Driver's License Number			
Position Applied For			
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Race</b> <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	

I hereby authorize VERIFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. 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 check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VERIFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature  
(if under 18 years of age)