



**BLUEBONNET
CASA**

Court Appointed Special Advocates
FOR CHILDREN

Of Mason, Menard, McCulloch, Kimble
& Edwards County

**VOLUNTEER APPLICATION
BLUEBONNET CASA**

VOLUNTEER APPLICATION

Name: _____

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

**How long have you lived in Mason, McCulloch, Menard, Kimble, or
Edwards County?** _____

How did you learn about Bluebonnet CASA? _____

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: _____

In case of emergency contact: Name _____
Phone Numbers: _____
(designate landline or cell phone)

Children's Names Gender Date of Birth

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

SHOOL	MAJOR / DEGREE	POST GRADUATRE 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 FPS?

YES NO

<i>Please list in reverse chronological order (i.e.: start with the most recent): EMPLOYER & NAME of SUPERVISOR</i>	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"/>	<i>Social Work</i>
<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"/>	<i>Public Speaking</i>	<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 Bluebonnet CASA?**

- 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 Bluebonnet CASA?**

- 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 Bluebonnet 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 Bluebonnet 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 Bluebonnet 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 Bluebonnet CASA of Mason, Menard, McCulloch, Kimble & Edwards Counties 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 Bluebonnet CASA 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 Volunteer Advocate of Bluebonnet CASA. 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 Bluebonnet CASA program. If unforeseen circumstances prevent me from fulfilling this goal, I will submit my written resignation to the Supervisor of Volunteers 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

LICENSEE DRIVER RECORDS

It is the policy of Bluebonnet CASA for an individual to secure and furnish a copy of your driving record as a background check requirement.

This may be done on-line.

The website: www.texasonline.state.tx.us select Texas DPS: Licensee Drive Records

You will be required to log on by listing:

Your driver license number

Your date of birth

Last four digits of social security number

DPS Audit Number

Upon verification please select "Type 3"- "Complete Driving History"

The cost is \$7.50

Once this record is received by you please submit to Bluebonnet CASA as a part of your application

Duties of a Guardian ad Litem Volunteer

1. Conduct an independent investigation by reviewing all pertinent documents and records and interviewing the child, parents, social workers, foster parents, teachers, therapists, daycare providers and other relevant persons to determine the facts and circumstances of the child's situation. To do this effectively, volunteers spend considerable time getting to know children and gaining their trust.
2. Determine the thoughts and feelings of the child about the situation, taking into account the child's age, maturity, culture and ethnicity and degree of attachment to family members, including siblings. Also to be considered are continuity, consistency and a sense of belonging and identity.
3. Seek cooperative solutions by acting as a facilitator among conflicting parties to achieve resolution of problems and to foster positive steps toward achieving permanence for the child.
4. Provide written reports at every hearing which include findings and recommendations. The report documents the extent of the volunteer's investigation, lists each source of information and includes sufficient facts to justify the recommendations.
5. Appear at all hearings to advocate for the child's best interests and provide testimony when necessary.
6. Explain the court proceedings and the role of the CASA volunteer to the child in terms the child can understand.
7. Make recommendations for specific, appropriate services for the child and the child's family and advocate for necessary services which may not be immediately available.
8. Monitor implementation of case plans and court orders, checking to see that court-ordered services are implemented in a timely manner and that review hearings are held in accordance with the law.
9. Inform the court promptly of important developments including any agency's failure to provide services or the family's failure to participate. The CASA volunteer should ensure that appropriate motions are filed on behalf of the child in order that the court can be made aware of the changes in the child's circumstances and can take appropriate actions.
10. Advocate for the child's interests in the community by bringing concerns regarding the child's health, education and mental health, etc. to the appropriate professionals to assure that the child's needs in these areas are met.

DFPS Background Check: Information Collection Form for CASA Employees / Volunteers

First Name	Middle Name	Last Name	
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last			
Residence Street Address			
City	County	State	Zip Code
Residence Telephone Number		Alternate Telephone Number	
Date of Birth	Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female	SSN	
Race (check all applicable) <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Nat Hawaii/Pac Island <input type="checkbox"/> Unable to Determine (or, none of the above)		Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine	
List other places you have resided (for a minimum of the past 5 years)			
Eligible for Case Connection: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Email Address of the Subject of the Background 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 and 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 performing 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 specifically authorized under the contract or agreement in place between my organization and DFPS. If at any time a question or problem arises with regard to the release of information, I will not release the information until I am so authorized. Under no circumstances will I access or release confidential information for any purpose other than in the performance 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 subject to prosecution 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