



# VOLUNTEER APPLICATION

Dear Prospective Volunteer,

Thank you for your interest in becoming a volunteer advocate with CASA of Hidalgo County. Attached you will find our volunteer application. After we receive your completed application you will be contacted to schedule a pre-training interview. Applications can be mailed, faxed or e-mailed using the contact information below:

CASA of Hidalgo County  
1001 South 10<sup>th</sup> Ave | Edinburg, TX 78539  
Phone: 956-381-0346 | Fax: 956-381-9232  
Email: blopez@casaofhidalgo.com

## PERSONAL INFORMATION

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

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_ Best Contact Number \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

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

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

Education Completed High School \_\_\_ AA/AS \_\_\_ BA/BS \_\_\_ MA/MS \_\_\_ PhD/EdD \_\_\_

Current student \_\_\_ Where? \_\_\_\_\_

Have you lived outside of Texas within the past 5 years? Yes \_\_\_ No \_\_\_

If yes please list the cities, states and/or countries you have lived in over the past 5 years:

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Dates of Residence: \_\_\_\_\_

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Who should we contact in case of an emergency? (Please include: Persons Name, Relationship and Telephone Number) \_\_\_\_\_

How did you hear about the CASA of Hidalgo County program? \_\_\_\_\_

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

How soon can you start training? \_\_\_\_\_

## EMPLOYMENT HISTORY

**Current Employment Status:**

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Hours: \_\_\_\_\_

Retired \_\_\_\_\_ Other \_\_\_\_\_

**Please list your employment history (present employer first):**

NAME OF COMPANY & DATES EMPLOYED	POSITION	SUPERVISOR	ADDRESS AND PHONE #

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

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Do you have any experience working with children?    Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please give organization names and details)

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Do you give CASA of Hidalgo County, Inc. permission to obtain information from these companies and/or community organizations?    Yes \_\_\_\_\_ No \_\_\_\_\_

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

## FAMILY HISTORY

**Current Marital Status:**

Single \_\_\_\_\_ Married: \_\_\_\_\_ Divorced \_\_\_\_\_

If married/committed: Spouse/Partner's Name \_\_\_\_\_

Spouse's Employment and Position \_\_\_\_\_

Please list names and ages of all of your children and where they reside:

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Are you currently in the middle of any type of child custody dispute?    Yes \_\_\_\_\_ No \_\_\_\_\_

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

(If yes, please give a brief explanation)

Child Protective Services	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
Juvenile court system	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
Foster care	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____
Other child service agencies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	_____

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

Have you ever been hospitalized for an emotional issue?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you now, or have you had a drug/alcohol abuse or dependency problem?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any kind of health impairment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

**CRIMINAL HISTORY**

CASA of Hidalgo will ask all volunteers to complete a fingerprint criminal records check, which will reveal any arrest, charge or conviction. Please respond to the following questions so that this history can be discussed and evaluated. Please note that CASA considers and reviews the extent of the rehabilitation since the misdemeanor or felony was committed. **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	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been arrested/ charged and/or convicted of a felony	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been or are you currently on probation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever had any DWI arrests, charges, or convictions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever had your driver's license revoked or suspended?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been arrested/ charged or convicted of any sexual misconduct (including pornography)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**\*\*\*CASA program will reject any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse, or neglect, or related acts that would pose risks to children or to the CASA program's credibility\*\*\***

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

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS:**

I am interested in working with children and families as a CASA volunteer because . . . .

Any hesitations or concerns regarding my participation in the CASA program at this point are...

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

Please do not list a relative or significant other. If possible, please list an employer or supervisor. CASA of Hidalgo County will email/mail a letter with a description of the CASA program and reference form for them to complete and return.

(1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Relationship to you \_\_\_\_\_

(2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Relationship to you \_\_\_\_\_

(3) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Relationship to you \_\_\_\_\_

**The Undersigned acknowledges and agrees that:**

I am interested in becoming a CASA volunteer, 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 18 months to the child/children and case to which I may be assigned.

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

- \_\_\_\_\_ Commit a minimum of 18 months to being a CASA volunteer.
- \_\_\_\_\_ Participate in CASA's new volunteer training program.
- \_\_\_\_\_ Participate in further training as offered to active volunteers in the program.
- \_\_\_\_\_ Visit in person with the child/children 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.

**\*\*\*\*\*CASA does not discriminate based on an individual's gender, race, color, national origin, religion, sex, age, disability.\*\*\*\*\***

**As an applicant to CASA of Hidalgo County, I understand and acknowledge that:**

CASA of Hidalgo County is not obligated in any way to accept me into the volunteer training program by submission of this application.

CASA of Hidalgo County retains the right to refuse any individual that they feel would not be in the best interest of the program and further, CASA is not required to state reason(s) for non-acceptance into the program.

CASA of Hidalgo County will hold all information in the volunteer's file in strictest confidence. Such information becomes the property of CASA of Hidalgo.

**I authorize CASA of Hidalgo County to conduct all background checks necessary to insure the safety and suitability of all program clients and participants. CASA will run the following checks on you: Social Security number verification, Fingerprint-Based Background Checks (FBC) – including, National and State criminal record checks, National and State Sex Offender Registry and Texas Child Abuse and Neglect Central Registry (ABCS). I agree that the results of all background checks will be sent directly to the CASA of Hidalgo County office.**

**I give permission to CASA of Hidalgo County to release information about my application, acceptance, and/or participation in this program 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.**

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

\_\_\_\_\_  
Date