

Fannin County Children's Center

Volunteer Application



Name: _____

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

Telephone: Home: (_____) _____

Cell: (_____) _____

Work: (_____) _____

If employed: May you be called at work? YES _____ NO _____

Email address: _____

Social Security # _____ Date of Birth _____

Marital Status: _____

If presently married, state spouse's name & occupation:

Spouse: _____

Occupation: _____

Employer: _____

Children's Names Date of Birth Gender

Other Members of Household:

Name Relationship Gender / Age

Do you drive? YES _____ NO _____

Do you have a valid & current Texas Driver's License? YES _____ NO _____

Do you have an automobile available to you? YES _____ NO _____

Do you have valid & current automobile insurance coverage? YES _____ NO _____

EDUCATION HISTORY

Please circle 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 Child Protective Services?

YES _____ NO _____

Please list current & previous employers, beginning with most recent (Attach additional sheet if necessary.)

EMPLOYER & NAME of SUPERVISOR	OCCUPATION	DATES of EMPLOYMENT	REASON FOR LEAVING

VOLUNTEER HISTORY Please list, beginning with most recent (Attach additional sheet if necessary.)

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:

Why have you chosen to become a volunteer with Fannin County Children's Center (CASA & CAC)?

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: _____

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.)

Please check the activities you are interested in as a volunteer:

- _____ Fact finding as a Court Appointed Special Advocate (CASA) or Guardian ad Litem
- _____ Visit children who are in foster care
- _____ Greet children and families who come to the Center for interviews, counseling, etc.
- _____ Provide family support during Children's Advocacy Center forensic interviews
- _____ Sort, organize, count inventory in the Rainbow Room
- _____ Data entry of inventory for Rainbow Room
- _____ Assist with special events (fundraising, School Supply Drive, Christmas Drive, etc.)
- _____ Staff booth at County Fair and other community events
- _____ Interpreter
- _____ Other _____

How did you learn about Fannin County Children's Center (CASA & Children's Advocacy Center)?

- | | |
|------------------------------|------------------|
| _____ Friend | _____ Newspaper |
| _____ Family | _____ Television |
| _____ FCCC Agency Newsletter | _____ Radio |
| _____ Presentation | _____ Internet |
| _____ County Fair | |
| _____ Other _____ | |

Ethnicity (optional, however this information will allow us to complete required civil rights statistics)

- | | | | |
|-------------|------------------------|----------------|-----------------------|
| _____ Anglo | _____ African-American | _____ Hispanic | _____ Native American |
| _____ Asian | _____ Other _____ | | |

Fannin County Children's Center

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: _____

Reference #4

Name: _____

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

Telephone#: (_____) _____

Relationship to Volunteer Applicant: _____

Fannin County Children's Center

APPLICATION AND RELEASE

I, _____, do hereby affirm that all of the answers provided on my volunteer application are true. I understand that the information in this application will be verified by Fannin County Children's Center and that the inclusion of any false information or the omission of any requested information is cause for my immediate dismissal by Fannin County Children's Center. I hereby authorize Fannin County Children's Center (CASA & Children's Advocacy Center) to investigate my background (including checking my personal references, criminal history and records with Child Protective Services) 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 Fannin County Children's Center 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 Fannin County Children's Center 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 Fannin County Children's Center program. If unforeseen circumstances prevent me from fulfilling this goal, I will notify 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.

I agree to inform Fannin County Children's Center if any information in this application changes any time during my volunteer participation in any of the programs of the agency.

Name (please print)

Signature

Date

PERMISSION TO RELEASE PRIVATE INFORMATION

YES, you may release my home address and home phone number from my volunteer file.

NO, you may not release my home address, home phone number, my social security number and my driver's license number from my volunteer file.

Signature

Date

Fannin County Children's Center
Volunteer Personal and Emergency Contact Information

Date Completed _____

Volunteer Name _____

Home Mailing Address _____

Physical Address (if different) _____

City, State and Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

In case of an emergency, please contact:

Name _____

Relationship to volunteer _____

Home Phone _____

Cell Phone _____

Work Phone _____

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 <u>10</u> 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 _____