



**CASA**  
Court Appointed Special Advocates  
FOR CHILDREN

## VOLUNTEER APPLICATION BLUEBONNET CASA

### ***VOLUNTEER APPLICATION***

**Name:** \_\_\_\_\_

**Address** (Street Address / City / State / Zip): \_\_\_\_\_

\_\_\_\_\_

**How long have you lived in Mason, McCulloch, Menard, or Kimble 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** \_\_\_\_\_

<i>SCHOOL</i>	<i>MAJOR / DEGREE</i>	<i>POST GRADUATE DEGREE or PROFESSIONAL TRAINING</i>	<i>DATES ATTENDED</i>
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Phone Numbers: \_\_\_\_\_  
 (designate landline or cell phone)

<u>Children's Names</u>	<u>Gender</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Members of Household:**

<u>Name</u>	<u>Relationship</u>	<u>Gender / Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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


Are you presently enrolled in school?  YES  NO

If yes, name of school and course of study \_\_\_\_\_

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**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):</i> <b>EMPLOYER &amp; NAME of SUPERVISOR</b>	<b>OCCUPATION</b>	<b>DATES of EMPLOYMENT</b>	<b>REASON FOR LEAVING</b>

**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):**

<b>ORGANIZATION &amp; NAME of VOLUNTEER SUPERVISOR</b>	<b>VOLUNTEER PROJECTS / RESPONSIBILITIES</b>	<b>DATES of VOLUNTEERING</b>	<b>REASON FOR LEAVING</b>

**List any other current community activities & memberships in clubs, churches & other organizations:**

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***Do you have any training or experience in any of the following? (Please check all that apply)***

<input type="checkbox"/>	<b>Medicine</b>	<input type="checkbox"/>	<b>Mental Health</b>	<input type="checkbox"/>	<b>Counseling</b>
<input type="checkbox"/>	<b>Psychology</b>	<input type="checkbox"/>	Child Development	<input type="checkbox"/>	<b>Drug / Alcohol Abuse Programs</b>
<input type="checkbox"/>	<b>Child Care</b>	<input type="checkbox"/>	<b>Child Welfare</b>	<input type="checkbox"/>	<b><i>Social Work</i></b>
<input type="checkbox"/>	<b>Education</b>	<input type="checkbox"/>	<b>Criminology</b>	<input type="checkbox"/>	<b>Law Enforcement</b>
<input type="checkbox"/>	<b>News Media</b>	<input type="checkbox"/>	<b>Writing</b>	<input type="checkbox"/>	<b>Advertising/Public Relations</b>
<input type="checkbox"/>	<b><i>Public Speaking</i></b>	<input type="checkbox"/>	<b>Art or Graphics</b>	<input type="checkbox"/>	<b>Foreign Language</b>

***If you answered yes to any, please describe / explain: \_\_\_\_\_***

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**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.**

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## **PERSONAL BACKGROUND INFORMATION**

**1. Why have you chosen to do your volunteer work with Bluebonnet CASA?**

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

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**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?**

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**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?**

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**6. Have you ever been arrested for a crime?**  
 YES                       NO

***If yes, what charge? Please describe / explain:\_\_\_\_\_***

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***Please include:***

***Date of arrest:*** \_\_\_\_\_

***Location of arrest / arraignment:*** \_\_\_\_\_

***Disposition of case:*** \_\_\_\_\_

***Other relevant details:*** \_\_\_\_\_

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- 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.)***

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- 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