**Advocate APPLICATION**

CASA of the Permian Basin Area

# CASA Program, Inc. Court Appointed Special Advocate Application

300N Grant Ste. 100  Odessa, Texas 79771  Phone 432-498-4174  casapba.org

|  |  |
| --- | --- |
| **General Information** |  |
| Date |  | Social Security Number | - - |
| Last Name | First |  | Middle |
| Previous Names (i.e. Maiden Name)  |  |  | TX DL# |
| Address |  |  Apt. No. |  |
| City | State |  | Zip Code |

How long have you lived at this address? If less than seven (7) years, please list your last address below:

Address Apt. No.

City State Zip Code

Telephone Number - - Mobile Number - -

E mail Address Date of Birth - -

How did you hear about the CASA Program?

# Demographic Information

Please check the appropriate box.

|  |  |  |  |
| --- | --- | --- | --- |
| Marital Status | Single | Married | Widowed |
|  | Divorced | Partner |  |
| Education | High School Diploma | Some College | College Degree |
|  | Postgraduate | PhD/MD | Other |

# Family Information

(If Applicable)

Name of Spouse/Partner: Spouse/Partner Employer:

Telephone Number ( ) -

Is the above person ok to contact in the event of an emergency?  Yes  No

If not, please add them below

Name Telephone Number ( ) -

Children’s Names & Ages:

Other Members of Household Names & Ages

# Employment/Volunteer History

|  |  |  |  |
| --- | --- | --- | --- |
| EmploymentStatus | Full TimeStudent | Part TimeHomemaker | RetiredUnemployed |
|  | Self-Employed**Employer/School:** | **Phone Number:** | **Occupation:** |

Languages  English  Spanish Spoken

Other

Please list your most recent volunteer activities, beginning with the most recent:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization | Volunteer Supervisor | Projects/Responsibilities | Date ofParticipation | Reason for Leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Have you ever been convicted of a crime?  Yes  No

If yes, please list the charges and explanation.

Do you have experience working with Children? Please explain below.  Yes  No

Do you have any personal or professional experience with the following? If yes, please explain the experience below.

 Child Abuse?  Yes  No

 Foster Care?  Yes  No

 Child Protective Services?  Yes  No

 Criminal, Juvenile or Family Court System?  Yes  No

 Other Child Service Agencies?  Yes  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions about your knowledge and/or involvement with the following questions. If yes to any questions, please explain.

Have you or any members of your family ever been involved with a case that was heard in the County District Courts? If yes, please explain and add dates.

  Yes  No

Have you or anyone in your household ever been charged and/or convicted of a misdemeanor? If yes, please explain.

  Yes  No

 Have you or anyone in your household ever been charged and/or convicted of a felony? If yes, please explain.

 Yes  No

Have you or anyone in your household ever been on or are currently on probation and/or parole? If yes, please state the offense and give starting/end dates.

 Yes  No

 Have you ever been convicted of a traffic violation? If yes, please explain.

 Yes  No

Have you ever had your license revoked? If yes, please explain.

 Yes  No

Do you now or have you ever had a chemical or alcohol dependency/abuse problem? If yes, please explain.

 Yes  No

Are you now or have you ever had treatment for chemical or alcohol dependency/abuse? If yes, please explain.

 Yes  No

Have you ever been charged or convicted of sexual misconduct, including pornography? If yes, please explain.

 Yes  No

Do you have any health impairments? If yes, please explain.

  Yes  No

All CASA Program advocates must have a valid driver’s license and current automobile liability insurance. Advocates must provide the CASA Program office with a copy of the most up-to-date liability insurance and a current driver’s license to process your application.

Do you have a current valid Texas driver’s license? Yes No Do you have access to a vehicle?  Yes  No

Do you understand that we do not transport children?  Yes No

Have you been convicted of DWI/DUI in the last 10 years? Yes No

If you have been convicted of a DWI/DUI in the last 10 years, what was the disposition of the case(s)?

# Essay Questions

*Please answer the following question below. There is no right answer to this question but provide us with insight into your background and desires for volunteering. You are welcome to answer these questions on a separate piece of paper.*

Please write a brief autobiography. Please be sure to include any historical information you feel especially shaped your life. Include information about your childhood, current family, and current lifestyle, such as career, hobbies, interests, etc.

Why do you want to be an advocate for our CASA Program?

Have you ever applied to this or any other CASA in the past two years? If so, when and where?

 Yes  No

# Personal References

Please list three personal references.

* Please provide complete mailing addresses or email addresses where a reference questionnaire can be sent.
* **References from relatives are not acceptable.** Personal letters are not accepted.
* Advocates must have three references submitted prior to completing pre-service training to take a case.

|  |  |
| --- | --- |
| **Reference #1***Name* |  |
| *Address* |  |  | *Apt. No.* |
| *City* |  | *State* | *Zip Code* |
| *Company* |  |  |  |
| *Telephone Number* | *Fax Number* |  | *E Mail Address* |
| *Relationship to Advocate Applicant* |  |  |  |
| **Reference #2***Name* |  |  |  |
| *Address* |  |  | *Apt. No.* |
| *City* |  | *State* | *Zip Code* |
| *Company* |  |  |  |
| *Telephone Number* | *Fax Number* |  | *E Mail Address* |
| *Relationship to Advocate Applicant* |  |  |  |
| **Reference #3***Name* |  |  |  |
| *Address* |  |  | *Apt. No.* |
| *City* |  | *State* | *Zip Code* |
| *Company* |  |  |  |
| *Telephone Number* | *Fax Number* |  | *E Mail Address* |
| *Relationship to Advocate Applicant* |  |  |  |

# Advocate Acknowledgement Form

I hereby certify that the information submitted in this application is correct and accurate to the best of my knowledge; and I authorize inquiries concerning my suitability as a CASA Program advocate. I understand that all the information will be held in strict confidence and used only for the purpose of determining my suitability as an advocate.

As a CASA advocate, your primary focus is to advocate for the needs of the abused and neglected children who are in the custody of Child Protective Services. Our advocates collaborate with family members, case workers, lawyers, therapists and caregivers (foster parents, relatives, etc.) to provide a recommendation to the judge as to where the children will have a safe and permanent home. As such, advocates are expected to visit people involved with the child, attend court hearings, prepare court reports and communicate with all involved in the child’s life during the legal process. Advocates with full-time jobs will have to be flexible with their time throughout their one-year commitment. I understand that the qualities of a successful CASA Program advocate include interpersonal skills, compassion, punctuality, and reliability. I understand that if concerns arise, CASA Program reserves the right to reject an applicant at any time, including after interviews, during the training process or after certification.

I understand that all information provided to and obtained by CASA Program will be held in the strictest of confidence. CASA Program may, however, disclose to other agencies and organizations, which utilize advocates, the fact that I applied for and/or served with CASA Program as an advocate. Furthermore, all information obtained by CASA Program will be deemed to be the sole property of the Agency, and shall not be available to me or anyone outside the Agency. I understand and agree that I am not obligated if called upon to perform services of a CASA Program advocate and that CASA Program is not obligated to assign or actively seek to assign a child to me.

## As a CASA Program Advocate, I will be willing to: (Please check each box for “Yes”)

 Commit a minimum of a year to being a CASA advocate

 Participate in CASA’s 30-hour advocate training program, including 4 hours of court observation

 Participate in 12 hours of continuing education training yearly

 Visit in person with the child(ren) to whom I may be assigned at least monthly

 Prepare written reports for the court with guidance from CASA staff

 Participate and attend court hearings and meetings on my child’s case during business hours.

 Record and turn in a monthly log of my activities on my case.

*The criteria used in the selection of advocates are designed to ensure that the individual is able to meet the responsibilities of a CASA advocate.*

Name (Please Print)

Signature Date

# Verification of Application Information and Release for Background Checks

I do hereby affirm that all the answers provided on my advocate application are true. I hereby authorize CASA Program, Inc. to investigate my background and Motor Vehicle Record (MVR) as part of the screening process to determine my fitness/appropriateness as a potential advocate. I give my permission for my references to be checked, which may include past employers, volunteer organizations and personal references. The reference checks may be done by phone or in writing. I understand that not all applicants who apply to be an advocate are chosen to participate in the program and that CASA Program reserves the right to deny an applicant into the advocate program for any reason.

## I understand that if I refuse to sign this form, or if I fail to provide the information needed for CASA Program, Inc. to perform my background check, my application to be a CASA advocate will be rejected.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA Program advocate. Further, I understand that after the successful completion of my training, it will be my goal to serve a minimum of one year with the CASA Program. If unforeseen circumstances prevent me from fulfilling this goal, I will submit my written resignation to the Program Director with as much advance notice as possible.

Name (Please Print)

Signature Date