



Fannin County Children's Center  
(CASA & Children's Advocacy Center)



Children's Advocacy 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 \_\_\_\_\_

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**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 \_\_\_\_\_

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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 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:

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

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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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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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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.

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Name (please print)

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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.

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Signature Date



# Fannin County Children's Center

## Statement of Understanding for CASA/Guardian Ad Litem Volunteers

Please review the following and sign below:

1. I understand that I must interview with FCCC staff prior to being considered for acceptance into this program.
2. I understand that participation in the Pre-Service Volunteer Training is required and essential, and includes at least 30 hours of training.
3. I understand that, in addition to the classroom sessions, I will be required to complete courtroom observation at the Fannin County Courthouse.
4. Attendance: I understand that I will be required to make up any missed training sessions before I can qualify to be sworn in or volunteer with Fannin County Children's Center. In addition, should it become necessary for me to miss a session, I will make every effort to notify the staff prior to the missed session.
5. I am aware that the Pre-Service Training class is a part of the screening process, and that acceptance to participate in the training does not guarantee that I will be sworn in as a CASA/GAL volunteer or that I will be assigned to a case. I further understand that either FCCC or I can choose to discontinue my involvement in the training/screening process at any time without further obligation on the part of either party. I also understand that should either FCCC or myself choose to discontinue my involvement with FCCC during the training session, I am required to return the volunteer training manual.
6. I am aware that, upon completion of the Pre-Service Training class, my overall participation in the training process as well as other screening material (application, returned reference forms, criminal check, Child Protective Services check) will be reviewed for the purpose of determining my eligibility to be a FCCC volunteer.
7. I understand that in order to be accepted as a CASA/GAL volunteer I must be 21 years of age or older, and I confirm that I am.
8. I understand that if I do proceed to CASA/GAL status, I will be asked to sign a binding commitment and confidentiality agreement regarding my work with FCCC.
9. I believe I have & will maintain all of the necessary qualifications and requirements of a FCCC Volunteer, as outlined in the CASA/GAL job description and this application.

I understand and am willing to meet all conditions stated above, and wish to participate in the FCCC Pre-Service Training.

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Signature of Volunteer

Date