

# CASA of the Sabine Neches Region

## Employment Application

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle \_\_\_\_\_

Home address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Social Security number \_\_\_\_\_ Date of birth \_\_\_\_\_

Home phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_

E-mail address \_\_\_\_\_ Gender  Female  Male

Emergency phone \_\_\_\_\_ Emergency contact \_\_\_\_\_

Employment status  Full time  Part time  Student  Not employed  Retired  Don't know

Place of Employment \_\_\_\_\_

Position \_\_\_\_\_ Work number \_\_\_\_\_

Ethnicity (34)  African-American  Asian-American  Caucasian  Latino  
 Native American  Other  Unknown

Formal Education (Highest year of school completed)  Some high school  GED  High school  
 Some college  College Degree  Graduate Degree  Other  Unknown

What is your primary Language? (15)  English  Spanish  Signing  French  Other \_\_\_\_\_

Do you speak another/secondary Language? (15)  French  Signing  Spanish  Other \_\_\_\_\_

Referred by (30)  Flier  Friend  Internet/Facebook  Local newspaper  Local radio  
 National media  Event: \_\_\_\_\_  Other  Unknown  Volunteer referral agency/TX CASA

Do you drive?  Yes \_\_\_\_\_  No  Do you have regular access to a car?  Yes  No

Driver's license number \_\_\_\_\_ Car insurance company \_\_\_\_\_

Date Checked \_\_\_\_\_ Have Coverage?  Yes  No

Please list Skills, Interests, & Hobbies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list **FOUR** references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity: (INFO MUST BE COMPLETE!!!) *E-mail preferred!*

1. Name: \_\_\_\_\_ Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Name: \_\_\_\_\_ Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

A questionnaire is sent to these references... we **MUST** have complete names, addresses & phone numbers... Thank you!

Do you consent to a routine check of your criminal & sex offender registry records?  Yes  No

Do you have any CPS history? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you think of any reason why a judge might be reluctant for you to serve as a CASA Volunteer? \_\_\_\_\_

**CASA of the Sabine Neches Region.** reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

\_\_\_\_\_  
 (Applicant's Signature) Date \_\_\_\_\_

**Thanks!**

**\*Notice:** There is a \$5 training fee that must be paid at the pre-training interview, and \$40 is required for your finger print background check to be paid to facility.

**THIS PART TO BE FILLED OUT BY CASA STAFF**

**Criminal background check with (05):**  Child Abuse Registry  CPS  FBI  Local  Other  State

**Date checked** \_\_\_\_\_ **Results** \_\_\_\_\_

**Volunteer Type (27)**  Volunteer Advocate  Attorney  Staff  Part-time Staff  Other Volunteer

**Volunteer Status (31)**  Application Accepted  Screening Completed  Interview completed

In Training  Dropped out of Training  Assigned to Case – Available  Assigned to Case – Not Available

Not Assigned to Case – Available  On Leave  Other:

**Mail to: CASA of the Sabine Neches Region, 2120 Gloria Dr., Orange, Texas 77630**  
**OR fax to: 1-409-886-0527**

## 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 5 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

## NCIC IDENTIFYING INFORMATION FORM

The following information is required to obtain the NCIC fingerprint background check. This information will be provided to the Texas Department of Public Safety, the state entity that administers the NCIC check.

Full Name	
DOB	
Sex	
Race	
Ethnicity	
Skin Tone	
Height	
Weight	
Eye Color	
Hair Color	
Place of Birth	
Home Address	
Phone number	
Driver license Number	
Type of Driver license	
Have you been convicted of a crime? If convicted, describe crime(s)	
Have you ever used a maiden/previous name?	
Have you ever used an alias?	

This information will only be used to obtain the required NCIC background check. Following the receipt of the check results, you may select the actions of the CASA program regarding this information:

Please select one of the following two options:

- I would like the original form returned to me (Persons selecting this option will receive the original form back via mail).
- I would like the CASA program to destroy the form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Volunteer Calendar of Availability

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

Please select days and times that you are available for a fingerprint appointment.

Please also keep in mind that the greater your flexibility, the more likely it is you will get an appointment sooner. Please use the following link to identify the site nearest to you.

<http://www.identogo.com>

	Monday	Tuesday	Wednesday	Thursday	Friday
Time Slots					
8:00a – 10:00a					
10:30a –12:30p					
1:00p – 3:00p					
3:30p – 4:00p					

Beaumont

Beaumont, TX. (990 IH-10 N, Ste. 125) [Map (opens new browser)]

Mon - Fri 8:00 - 4:30