



**CASA**

**Court Appointed Special Advocates  
FOR CHILDREN**

**CASA OF THE SABINE NECHES REGION**

2120 Gloria Drive, Orange, Texas 77630  
409-886-2272

**Board of Directors Application**

Name: \_\_\_\_\_  
*First Middle Last*

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*If Different from Home Address*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License Number: \_\_\_\_\_ Home/Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Current Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Please circle the last level of education completed:

High School	1	2	3	4		
College/University	1	2	3	4		
Graduate School	1	2	3	4	5	6

Degrees/Majors: \_\_\_\_\_

Bilingual? Yes No If yes, language(s)/degree of fluency: \_\_\_\_\_

Please check all of the following areas in which you have personal or professional experience:

- Finance                      Education                      Fundraising                      Legal
- Child Welfare or Health Services                      Public Relations                      Foster Care

Are you a member of any professional organizations? Yes No

If yes, please list: \_\_\_\_\_

Are you a member of any other volunteer/civic organizations? Yes No

If yes, please list: \_\_\_\_\_

Have you served on any other boards? Yes No

If yes, please list: \_\_\_\_\_

Why would you like to serve on this board? \_\_\_\_\_

Have you ever been involuntary removed from, or asked to leave, any other organization or board: Yes No

If yes, please explain: \_\_\_\_\_

Do you now have, or have you ever had a chemical, drug, or alcohol dependency/abuse problem? Yes No

If yes, please explain: \_\_\_\_\_

Are you know, or have you ever received treatment for a chemical, drug, or alcohol dependency/abuse problem: Yes No

If yes, please explain: \_\_\_\_\_

Please provide two references:

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

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Best time to call: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Best time to call: \_\_\_\_\_