



5403 Avenue N ♥ Rosenberg, Texas 77471 ♥ Phone 281-341-9955 ♥ Fax 281-341-0798

## General Information

Date \_\_\_\_\_

Last Name \_\_\_\_\_

First \_\_\_\_\_

Middle \_\_\_\_\_

Address \_\_\_\_\_

Apt. No. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

How long have you lived at this address?

If less than 5 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 Child Advocates of Fort Bend? \_\_\_\_\_

## Demographic Information

Please check the appropriate box.

Marital Status  Single

Married

Widowed

Divorced

Partner

Education  High School Diploma

Some College

College Degree

Post Graduate

PhD/MD

Other

## Family Information

(If Applicable)

Name of Spouse/Partner: \_\_\_\_\_

Spouse/Partner Employer: \_\_\_\_\_

Children's Names & Ages: \_\_\_\_\_

Other Members' of Household Names & Ages \_\_\_\_\_

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## Employment/Volunteer History

Employment  
Status

Full Time

Part Time

Retired

Student

Homemaker

Unemployed

Self-Employed

Employer/School:

Phone Number:

Occupation:

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Languages  
Spoken

English

Spanish

Other

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

Organization	Volunteer Supervisor	Projects/Responsibilities	Date of Participation	Reason for Leaving

Please list any other current community activities and memberships in any clubs, churches and other organizations.

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*Application continues below*

## Personal Background Information

1. Have you had any personal experience involving the following?

Please check all that apply. Family includes parents, grandparents, siblings and children.

Type of Abuse	Self	Family
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	<input type="checkbox"/>
Exposed to Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>
Involved with Children's Protective Services	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse (Drugs, Alcohol, Prescriptions, Inhalants, etc...)	<input type="checkbox"/>	<input type="checkbox"/>

**2. If you placed an "x" in any of the preceding questions, you are required to answer the following questions below:**

Please explain the nature of the abuse(s) that occurred.

Please explain how you addressed these experiences mentioned above.

How do you think the above mentioned experiences will impact your work with Child Advocates of Fort Bend?

4. Have you ever been convicted of a crime?

Yes       No

If yes, please list the charges and explanation.

All CASA/CAC volunteers must have a valid driver's license and current automobile liability insurance. Volunteers must provide the CAFB office with a copy of the most up-to-date liability insurance and a current driver's license in order to process your application.

Do you have a current valid Texas driver's license?     Yes       No

Do you have valid auto insurance?       Yes       No

Do you have access to a car?       Yes       No

Are you interested in transporting children as a CASA volunteer?     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)?

*Application continues below*

## **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.

*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.*

*Please provide a short summary about your interest in volunteering with Child Advocates of Fort Bend.*

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## Volunteer Commitment for CASA VOLUNTEER

Please be aware that, as a CASA volunteer, your primary focus is to advocate for the needs of the abused and neglected children in Fort Bend County, ranging in age from birth to 17. These children find themselves in foster homes and group homes after being removed from their family by Children’s Protective Services. Our volunteers collaborate with family members, caseworkers, 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, volunteers 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.

Volunteers with full-time jobs will have to be flexible with their time throughout their one-year commitment. They will have to attend court hearings and “staffings” during business hours. Tasks may involve carrying children, walking up stairs, getting to the courthouse, using computers, etc.

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1. Based on the description above, is there anything that could limit you from performing these required duties?

Yes             No

If yes, please explain:

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## Volunteer Commitment for CAC VOLUNTEER

Please be aware that, as a CAC volunteer, your primary focus is to create a nurturing environment for the children participating in forensic interviews and therapeutic services at the CAC. In addition, volunteers are vital in greeting the families and ensuring that their time spent at the CAC is a pleasant one.

The CAC has volunteer coverage from 9am – 5pm five days a week and we depend on those volunteers to keep the playroom and front desk fully covered and running smoothly. CAC volunteers are asked to work one four hour shift a week. This allows us to have 2 volunteers per week. If a volunteer is unable to work his/her shift, the CAC asks for as much notice as possible in order to find a backup for that shift.

CAC volunteers should be able to make a year commitment to volunteering at the CAC. This will ensure coverage at the CAC and help to keep consistency in the children’s visits to the CAC.

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1. Based on the description above, is there anything that could limit you from performing these required duties?

Yes             No

If yes, please explain:

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*Application continues below.*

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## Personal References

Please list three personal references.

- ♣ Please provide complete mailing addresses or email address where a reference questionnaire can be sent.
- ♣ References from relatives are not acceptable. Personal letters are not accepted.
- ♣ Volunteers must have 3 references submitted prior to completing pre-service training in order to take a case.

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Reference #1

Name

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Address

Apt. No.

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City

State

Zip Code

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Company

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Telephone Number

Fax Number

E Mail Address

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Relationship to Volunteer Applicant

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Reference #2

Name

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Address

Apt. No.

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City

State

Zip Code

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Company

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Telephone Number

Fax Number

E Mail Address

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Relationship to Volunteer Applicant

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Reference #3

Name

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Address

Apt. No.

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City

State

Zip Code

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Company

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Telephone Number

Fax Number

E Mail Address

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Relationship to Volunteer Applicant

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## Volunteer 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 CAFB volunteer. I understand that all the information will be held in strict confidence and used only for the purpose of determining my suitability as a volunteer.

I understand that qualities of a successful CAFB volunteer include interpersonal skills, compassion, punctuality, and reliability. I further understand that if concerns arise, CAFB reserves the right to reject an applicant at any time, including during the training process or after certification.

I understand that all information provided to and obtained by CAFB will be held in the strictest of confidence. CAFB may, however, disclose to other agencies and organizations, which utilize volunteers, the fact that I applied for and/or served with CAFB as a volunteer. Furthermore, all information obtained by CAFB 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 CAFB volunteer and that CAFB is not obligated to assign or actively seek to assign a child to me.

### As a CAFB volunteer I will be willing to: (Please check each box for "Yes")

- Commit a minimum of a year to being a CASA volunteer
- Participate in CASA's 30+ hour volunteer training program
- Participate in 12 hours of continuing education training yearly
- Visit in person with the child(ren) to which I may be assigned at least monthly
- Prepare written reports to the court with guidance from CASA staff
- Participate and attend court hearings and meetings on my child's case during regular business hours
- Record and turn in a monthly log of my activities on my case.

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

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Name (Please Print)

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Signature

Date



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### Verification of Application Information and Release for Background Checks

I, \_\_\_\_\_, do hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize Child Advocates of Fort Bend County to investigate my background and Motor Vehicle Record (MVR) as part of the screening process to determine my fitness / appropriateness as a potential volunteer. 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 a volunteer are chosen to participate in the program and that Child Advocates of Fort Bend County 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 Child Advocates of Fort Bend County 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 Child Advocates of Fort Bend County 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. 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.

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Name (Please Print)

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Signature

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Date





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## Consent for Criminal, CPS Background History Screening

### Authorization/Waiver/Indemnity

*Each staff member or volunteer who is to be screened must sign an authorization/waiver/indemnity form, giving approval for the Agency to perform the criminal background search.*

I HEREBY GIVE MY PERMISSION IN EXCHANGE FOR GOOD AND VALUABLE CONSIDERATION FOR CHILD ADVOCATES OF FORT BEND TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCIES, MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATION. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART, TO DETERMINE MY ELIGIBILITY FOR AN EMPLOYMENT/VOLUNTEER POSITION WITH THIS ORGANIZATION. I ALSO UNDERSTAND THAT AS LONG AS I REMAIN AN EMPLOYEE OR VOLUNTEER HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AND A PROCEDURE IS AVAILABLE FOR CLARIFICATION, IF I DISPUTE THE RECORD AS RECEIVED.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND DEFEND CHILD ADVOCATES OF FORT BEND AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER, AND ANY AND ALL RELATED ATTORNEY'S FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER/STAFF MEMBER. THIS INDEMNIFICATION DOES NOT INCLUDE ANY GROSS NEGLIGENCE OR INTENTIONAL TORTIOUS CONDUCT ON THE PART OF CHILD ADVOCATES OF FORT BEND.

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Signature

Printed Name



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## Felony Conviction Information

I have read this form in its entirety, including the attached list, and understand that the information will be verified by Child Advocates of Fort Bend County, and that the inclusion of any false information or the omission of any requested information is cause for my immediate dismissal by Child Advocates of Fort Bend County.

I agree to inform Child Advocates of Fort Bend County if this information changes any time during my employment or participation in any of the programs of Child Advocates of Fort Bend County.

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### I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE FOLLOWING:

A. PROHIBITION FROM SERVING IN ANY CAPACITY AS AN EMPLOYEE OR VOLUNTEER OF A CHILD-RELATED / CHILD-FOCUSED AGENCY FOR ANY PERSON CONVICTED WITHIN THE PREVIOUS 10 YEARS (MINIMUM) OF:

1. Any felony or misdemeanor classified as an offense against person or family;
2. Any felony or misdemeanor involving public indecency;
3. Any felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act.

B. REASSIGNMENT OR REMOVAL FROM CONTACT WITH CHILDREN OF ANY EMPLOYEE OR VOLUNTEER WITH A CHILD-RELATED / CHILD-FOCUSED AGENCY FOR ANY OF THE FOLLOWING REASONS:

1. An indictment alleging commission of a felony classified as offense against the person or family, or of public indecency, or of a felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act;
2. An indictment alleging commission of a misdemeanor classified as an offense against the person or family or of public indecency;
3. An official criminal complaint accepted by a district or county attorney alleging commission of a misdemeanor classified as an offense against the person or family or of public indecency.

**NOTE: See attached list for offenses against person or family or of public indecency.**

TITLE 5. CRIMES AGAINST THE PERSON

<i>Murder</i>	<i>Aggravated Rape</i>	<i>Indecent Exposure</i>
<i>Capital Murder</i>	<i>Public Lewdness</i>	<i>Indecency with a Child</i>
<i>Aggravated Rape</i>	<i>Homosexual Conduct</i>	<i>Sexual Abuse of a Child</i>
<i>Aggravated Kidnapping</i>	<i>Criminally Negligent Homicide</i>	<i>Assault</i>
<i>Voluntary Manslaughter</i>	<i>Kidnapping</i>	<i>Aggravated Assault</i>
<i>Involuntary Manslaughter</i>	<i>Aggravated Kidnapping</i>	<i>Deadly Assault on Peace Officer</i>
<i>Criminally Negligent Homicide</i>	<i>Sexual Abuse</i>	<i>Injury to a Child</i>
<i>False Imprisonment</i>	<i>Aggravated Sexual Abuse</i>	<i>Reckless Conduct</i>
<i>Terroristic Threat</i>	<i>Aiding Suicide</i>	<i>Tampering with Consumer Products</i>

TITLE 6. OFFENSES AGAINST THE FAMILY

*Bigamy*  
*Incest*  
*Interference with Child Custody*  
*Enticing a Child*  
*Criminal Nonsupport*  
*Sale or Purchase of a Child*  
*Solicitation of a Child*  
*Harboring a Runaway Child*  
*Violation of a Court Order*

TITLE 43. PUBLIC INDECENCY

*Prostitution*  
*Promotion of Prostitution*  
*Aggravated Promotion of Prostitution*  
*Compelling Prostitution*  
*Obscene Display or Distribution*  
*Obscenity*  
*Sale, Distribution, or Display of Harmful Material to a Minor*  
*Sexual Performance by a Child*

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I ACKNOWLEDGE THAT I HAVE EXAMINED THE ATTACHED LIST OF VIOLATIONS WITHIN THE PROHIBITED CLASS AND THAT I AM PROVIDING THE FOLLOWING INFORMATION RELATED THERETO:

I, \_\_\_\_\_,  have  have not

been convicted preceding this date of a felony or a misdemeanor within the prohibited class or any felony violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substances Act.

If your answer is affirmative (i.e.: you HAVE been convicted), please give details below:

Date	Offense/ Nature of Conviction	Location	Details & Disposition

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I, \_\_\_\_\_,  am  am not

currently under indictment or charged in an official criminal complaint accepted by a district or county attorney with a felony or misdemeanor within the prohibited class.

If your answer is affirmative (i.e.: you ARE under indictment), please give details below:

Date	Charges	Location	Details

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Name (Please Print)

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Signature of Volunteer or Employee

Date



### FBC IDENTIFYING INFORMATION FORM

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

NAME	
STREET ADDRESS	
CITY, STATE, & ZIP CODE	
HOME PHONE	
CELL PHONE	
E-MAIL ADDRESS	
DATE OF BIRTH	
GENDER	
HEIGHT	
WEIGHT	
ETHNICITY	
HAIR COLOR	
EYE COLOR	
PLACE OF BIRTH	
CITIZEN COUNTRY	
DRIVERS LICENSE OR STATE ID NUMBER	
ISSUING STATE OF DRIVERS LICENSE OR STATE ID	
DRIVERS LICENSE TYPE	
EMPLOYER NAME	
EMPLOYER ADDRESS	
EMPLOYER CITY,ST & ZIP	
EMPLOYER PHONE	



This information will only be used to obtain the required FBC. 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.

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Signature

Date



Volunteer/Staff/Board Calendar of Availability

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

Please select days and times that you are available for a fingerprint appointment. The appointment will take no longer than 10 minutes. Please also keep in mind that the greater your flexibility, the more likely you will get an appointment sooner. Please use the following link to identify the site nearest to you.

<http://www.identogo.com/>

TIME SLOTS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00A-10:00A					
10:30A-12:30P					
1:00P-3:00P					
3:30P-4:00P					



Volunteer/Staff/Board

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

Fingerprint Charge:

Board Member Cost: \$39.95

Volunteer Cost: \$39.95

Staff Cost: \$41.45

CAFB will schedule your appointment and notify you by e-mail. The e-mail will have the Identigo – FAST Fingerprint Pass attached. It will have the date, time, and location of your appointment. If you are unable to make this appointment, you must contact Casey Davis (281-344-5172) or Jane O’Dell (281-344-5101) at least one day before your appointment.

You must bring the FAST Fingerprint Pass and your Texas Driver’s License to the appointment.

Due to the fact, CAFB will be charged if you do not show up for your appointment. We are requesting credit card information to be held. When you have returned the “Generic FAST Form” that you will receive at the completion of your appointment. This form will serve as your receipt of services. We will return your credit card information to you. NO charge will be processed on your card unless you don’t show up for the appointment.

Credit Card# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV \_\_\_\_\_ (AMEX-Front of Card & Visa, MC, Discover- Back of Card)

Amount: \_\_\_\_\_

Signature \_\_\_\_\_





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**Permission to Release Private Information**

It is the policy of Child Advocates of Fort Bend not to release private information unless we have written permission to do so.

I agree with this policy.

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Signature

Date

**REQUEST FOR UPDATED CHILD ABUSE/NEGLECT  
CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK**

CASA Program: Child Advocates of Fort Bend

Physical Address of Program: 5403 Avenue N

Rosenberg, Texas 77471

Name of Executive Director/Authorized Representative: Casey Davis/Renee Lukefahr  
cdavis@cafb.org/

\*Required

E-mail Address of Executive Director/Authorized Representative: rlukefahr@cafb.org

We are requesting an updated check on the following individual. A copy of the individual's permission is attached which grants ongoing permission to perform these background checks. I certify that the individual is currently a volunteer, staff person or board member of this organization.

\_\_\_\_\_  
Executive Director/Authorized Representative

Date: \_\_\_\_\_

**FAX or E-MAIL this form to:  
casabgcrequest@dfps.state.tx.us  
Fax Number: (512) 339-5871  
ATTN: CBCU Non-Licensing Unit**

**REQUIRED IDENTIFYING INFORMATION ON SUBJECT OF REQUEST - The requester must provide all of this information in order for a check to be made:**

First Name		Middle Name	Last Name		
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
E-mail Address(optional)					
Residence Street Address			City	County	State    Zip Code
Residence Telephone No. (A/C)		Date of Birth	Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female		SSN
Race (check all applicable) <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Nat Hawaii/Pacis <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Unable to Determine			Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine		
List all addresses you have resided in <b>Texas</b> since the previous background check:					

**\*\*Notice: Page 2 of the original permission document (#2970a) must be attached and submitted with this form in order for this subsequent request to be processed.**

**PERMISSION TO ALLOW CASA PROGRAM TO REQUEST  
CHILD ABUSE/NEGLECT  
CENTRAL REGISTRY and DPS CRIMINAL HISTORY CHECK**

**REQUIRED IDENTIFYING INFORMATION ON SUBJECT OF REQUEST - The requester must provide all of this information in order for a check to be made:**

First Name		Middle Name	Last Name		
Other names or spellings used (married, maiden, alias, etc.) - First, Middle, Last (continue on back as needed)					
E-mail Address (optional)					
Residence Street Address			City	County	State    Zip Code
Residence Telephone No. (A/C)	Date of Birth		Gender : <input type="checkbox"/> Male - <input type="checkbox"/> Female		SSN
Race (check all applicable) <input type="checkbox"/> Am Indian/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black			<input type="checkbox"/> Nat Hawaii/Pacis <input type="checkbox"/> White <input type="checkbox"/> Unable to Determine		Ethnicity (check one, only) <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unable to Determine
List all addresses you have resided in <b>Texas</b> :					

I am the person listed above. The information in this document is correct and I am a prospective or current volunteer, employee or board member of a court appointed special advocate (CASA) program. I agree to update the CASA program of any changes to the information above.

I grant permission to the CASA program to request a Child Abuse/Neglect Central Registry and a Texas Department of Public Service Criminal history check as well as any subsequent checks so long as I am active with the CASA program.

I understand that the information I am providing will be part of any request and that providing false information is a violation of Texas Penal Code Section 37.10.

Signature: \_\_\_\_\_

Date of Consent: \_\_\_\_\_



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## Forms Checklist

- Volunteer Application
- Personal References
- Volunteer Acknowledgement Form
- Verification of Application Information and Release for Background Checks
- Criminal Background History and Screening
- Permission Form
- Felony Conviction/Fingerprint Based Check (FBC) Information
- Permission for CPS background check (form 2970a)
- Permission to Release Private Information
- Copy of Driver's License