



## VOLUNTEER APPLICATION

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

Are you known by other names? \_\_\_\_\_

Address (Street Address / City / State / Zip): \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

If less than 5 years, your last address? \_\_\_\_\_

How did you learn about Golden Crescent CASA (Golden Crescent CASA, Inc.)? \_\_\_\_\_

\_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

If employed, may you be called at work?  YES  NO

Email address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced  Partner

Name of spouse/partner (if applicable): \_\_\_\_\_

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

**Emergency Contact Information**

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

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Children's Names

Gender

Date of Birth

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Other Members of Household:

Name

Relationship

Gender / Age

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Do you drive?       YES    NO      (please check one)

Do you have a valid & current Texas Driver's License?

YES    NO      (please check one)

Do you have an automobile available to you?

YES    NO      (please check one)

Do you have valid & current automobile insurance coverage?

YES    NO      (please check one)

EDUCATION HISTORY

Please circle highest completed:

High School: 9 10 11 12      College: 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 \_\_\_\_\_  
\_\_\_\_\_

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 DFPS?

YES       NO

Please list in reverse chronological order(i.e. start with the most recent):

EMPLOYER & NAME of SUPERVISOR	OCCUPATION	DATES of EMPLOYMENT	REASON FOR LEAVING

Have you encountered any problems with employment?

YES       NO

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

\_\_\_\_\_

\_\_\_\_\_

VOLUNTEER HISTORY (You may attach an additional sheet if necessary.)

Please list in reverse chronological order (i.e.: start with the most recent):

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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Do you have any training or experience in any of the following? (Please check all that apply)

	Medicine		Mental Health		Counseling
	Psychology		Child Development		Drug/Alcohol Abuse Programs
	Child Care		Child Welfare		Social Work
	Education		Criminology		Law Enforcement
	News Media		Writing		Advertising/Public Relations
	Public Speaking		Art or Graphics		Foreign Language
	Fundraising		Grant Writing		Computers/Other

If you answered yes to any, please describe / explain: \_\_\_\_\_

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Do you anticipate any planned events or changes in the next year in your life (e.g.: career, travel, moving, etc.) that would prevent you from or make it difficult for you to make the necessary time commitment to fulfill all required duties as a CASA? If so, please explain.

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## PERSONAL BACKGROUND INFORMATION

1. Why have you chosen to do your volunteer work with Golden Crescent CASA?

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2. Have you or has anyone in your family of origin (includes parents, siblings, spouses, children, etc.) been:

Please check all that apply.

- Sexually abused?
- Physically abused?
- Emotionally abused?

- Neglected?
- Exposed to domestic violence?
- Involved with Children's Protective Services (CPS)?

3. Have you or has anyone in your family ever abused substances (e.g.: drugs, including prescription medications, & alcohol)?

YES  NO

If "YES", please explain in terms of "who" & "when" & identify any recovery process:\_\_\_\_\_

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4. If you checked one or more of the options in Question #2 and/or if you checked "YES" in Question #3, how do you think these experiences have impacted your life?

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5. If you checked one or more of the options in Question #2 and/or if you checked "YES" in Question #3, how do you think these experiences will impact your volunteer work with Golden Crescent CASA?

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6. 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: \_\_\_\_\_

Have you ever been convicted of a traffic violation?

YES       NO

Any DUI/DWI convictions?

YES       NO

Have you ever had your license revoked or suspended?

YES       NO

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

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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Do you have any mental health problems/issues/concerns that you are currently being treated for or have been in treatment for in the past?

YES       NO

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

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Are you currently taking any medications that could affect your performance as a GCCASA volunteer? (Examples: mind or mood altering, narcotics, miscellaneous side effects, etc.)

YES       NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

7. Do you have any physical or health limitations or concerns, which might affect your ability to serve as a GCCASA volunteer?

YES       NO

If yes, please describe: \_\_\_\_\_

8. Have you ever applied to this or any other CASA in the past two years?

YES       NO

If yes, when and where? \_\_\_\_\_

10. As a Golden Crescent CASA volunteer will you be willing to:

Commit to a minimum of one year to being a CASA?

YES       NO

Attend all hearings and meetings on your case when they are scheduled?

YES       NO

Participate in CASA's initial training program of 30 hours?

YES       NO

Participate in in-service training with CASA (12 hours per year)?

YES       NO

Visit with the child(ren) in their placements?

YES       NO

Participate in the fact finding, monitoring, and report your knowledge orally and in written form to the court?

YES       NO

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.

**ESSAY QUESTION**

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

## VOLUNTEER COMMITMENT

Please be aware that, as a CASA volunteer, your primary focus is to advocate for the needs of the abused and neglected children in the Golden Crescent CASA service area, ranging from ages birth to 18. 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.

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

\_\_\_\_\_

2. Are you able to attend CPS staffings and court appearances between 8:30am and 5:00pm? \_\_\_\_\_

3. How do you feel about visiting with a family in their home or with a child in a foster home? \_\_\_\_\_

4. Are you able to commit to visiting children monthly to assess their situation?

\_\_\_\_\_

## 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: \_\_\_\_\_

## **VOLUNTEER ACKNOWLEDGMENT FORM**

I hereby certify that the above information is correct and accurate to the best of my knowledge, and I authorize inquiries concerning my suitability as a CASA 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 CASA volunteer include interpersonal skills, compassion, punctuality, and reliability. I further understand that if concerns arise, CASA 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 CASA will be held in the strictest of confidence. CASA may, however, disclose to other agencies and organizations, which utilize volunteers, the fact that I applied for and/or served with CASA as a volunteer. Furthermore, all information obtained by CASA 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 volunteer and that CASA is not obligated to assign or actively seek to assign a child to me.

As a CASA 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
- 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



**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 Golden Crescent CASA to investigate my background 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 Golden Crescent CASA 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 Golden Crescent CASA 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 Golden Crescent CASA program. If unforeseen circumstances prevent me from fulfilling this goal, I will submit my written resignation to the Executive 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

**CRIMINAL BACKGROUND HISTORY SCREENING  
CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK  
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 and VOLUNTEER SELECT PLUS to perform the criminal background search.

I hereby give my permission in exchange for good and valuable consideration for golden crescent casa to obtain information relating to my criminal history record through volunteer select plus. 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 volunteer Houston 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 the volunteer center.

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APPLICANT'S SIGNATURE

DATE of BIRTH

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PRINTED NAME

SOCIAL SECURITY #

Ethnicity (please check one):

Anglo

Black

Hispanic

Indian

Asian

Other

## PERMISSION FORM

I hereby give permission to Golden Crescent CASA to inquire about my qualifications and/or character. I understand this reference check may be made by phone or in writing, and will include present and past employers, volunteer organizations and personal references.

I agree to clearance by any police department and Texas Department of Family & Protective Services/Children's Protective Services (CPS) by means of a computer check.

I give permission to Golden Crescent CASA to request a copy of my driving record.

Applicant's Texas Driver's License: \_\_\_\_\_  
Number Date of Expiration

**\*PLEASE PROVIDE A PHOTOCOPY OF THE FRONT OF YOUR DRIVER'S LICENSE WITH YOUR COMPLETED APPLICATION\***

Applicant's Date of Birth: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Years residing in Texas / dates: \_\_\_\_\_

Additional states of residence / years there:

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

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

Any other names Applicant has used:

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

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

## **FELONY CONVICTION INFORMATION**

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

I agree to inform Golden Crescent CASA if this information changes any time during my employment or participation in any of the programs of Golden Crescent CASA.

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Name (please print)

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Signature of Employee or Volunteer

Date

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.

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, \_\_\_\_\_,  
Print Name

- 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

I, \_\_\_\_\_,  
Print Name

- 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

## **CRIMINAL OFFENSES FROM THE TEXAS PENAL CODE**

### **TITLE 5. CRIMES AGAINST THE PERSON**

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

### **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



## **AGREEMENT TO OBTAIN CANRIS/IMPACT CHECK (Child Abuse & Neglect Reporting and Inquiry System)**

Because of the confidential nature of serving children who have been abused, neglected or abandoned, as a matter of routine, Golden Crescent CASA requests that each prospective volunteer comply with obtaining a CANRIS SOUNDEX / also known as IMPACT background check.

In order to comply with this requirement, you will be required to fill out the attached Texas Department of Family & Protective Services (FPS) TFORM 2201-A. The following information will be requested:

1. Full Name
2. Prior or Other Names
3. Date of Birth
4. Social Security Number
5. Current Address
6. Previous Address
7. Ethnicity
8. Signature

Regional data communications, or other DFPS (Department of Family, Protective Services) staff responsible for SOUNDEX /IMPACT database requests will complete the search and complete Temporary Form #2207-B for each individual. This form will be placed in an individually addressed envelope and returned to the Golden Crescent CASA office for distribution.

I agree to share the information with the Golden Crescent CASA office upon receipt. I understand, if there is a record on me, I may request a release hearing, following existing procedure for any release hearings resulting from such a request. If a release hearing is already underway, DFPS will notify me that the results of that hearing will apply to the background search requested for my Golden Crescent CASA volunteer application.

**Further, I understand, if I do not comply with this procedure, I will not be able to become a Golden Crescent CASA volunteer.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## PERMISSION TO RELEASE PRIVATE INFORMATION

### GOLDEN CRESCENT CASA

**YES**, you may release my home address and home phone number from my volunteer file.

**NO**, you may not release my home address and home phone number from my volunteer file.

\_\_\_\_\_  
Volunteer Applicant Signature

\_\_\_\_\_  
Date

**Golden Crescent Court Appointed Special Advocates (CASA)  
PLEDGE OF CONFIDENTIALITY**

I promise that I should hold in confidence all pertinent information relating to the cases to which I have been assigned. I will not violate the confidential relationships between CASA, its volunteers, related agencies, courts, and any and all parties interviewed. I will not remove any written records from the CASA office without the permission of the professional staff.

I agree to return all information that I have gathered, together with any printed matter or notations relevant to any and all cases to which I have been assigned, at the close of the case or if my service to CASA comes to an end.

I accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this agreement.

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Volunteer Signature

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Date

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Staff Signature

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Date



**GOLDEN CRESCENT CASA  
CASA VOLUNTEER ADVOCATE  
JOB DESCRIPTION**

**Position Title:** Court Appointed Special Advocate (CASA)

**Purpose:** To recommend to the court, based on fact-finding and investigation, the best interest of a child in Children's Protective Services placement. To Work for and to achieve the goal of CASA—that every child has the right to a safe permanent home.

**Responsible to:** Volunteer Coordinator or Executive Director

**Term:** One year

**Qualifications of the Position:**

- Willingness to work within guidelines, policies and standards of CASA.
- Good human relations skills and the ability to be objective.
- Must have conviction of the importance of providing for best interests of children at risk.
- Must have time, interest and energy to do the job.
- Must have access to transportation.
- Must have the ability to stand up for convictions.
- Must have the willingness to receive guidance and direction and work as part of a team.
- Must be sensitive to cultural/ethnic differences.

**Requirements of the Position:**

- Must be 21 years of age.
- If working, secure permission in advance of basic training for time off from work to attend periodic hearings.
- Complete application and background check form for position.
- Make appointment and come to the CASA office for interview prior to initial training.
- Complete an in-depth 30-hour initial training course.
- Appear before the court to be sworn in as a Court Advocate.

**Responsibilities of the Position:**

1. In a timely manner after appointment, obtain first hand a clear understanding of the needs and situation of the child by reviewing all relevant documents and records and interviewing the child, parents, social workers, teachers and other persons to determine the facts and circumstances of the child's situation.
2. Maintain confidentiality of all issues and records of the case, returning all case files to the CASA program after the case is closed.
3. Notify all parties to the case of CASA's appointment.

4. Communicate with the DFPS caseworker after appointment and at least one time per month for the duration of the case.
5. Meet the child(ren) in a timely manner after appointment and meet in person with the child(ren) at least one time per month to observe whether the child(ren)'s essential needs are being met and assess the institutions and foster homes where the child(ren) are placed.
  - a. If the child(ren) are placed one to three driving hours away, then CASA will meet in person with the child(ren) at least once every three months.
  - b. If the child(ren) are placed more than three driving hours away, then CASA will meet in person with the child(ren) at least once every six months.
6. Maintain complete written records about the case including appointments, interviews, and information gathered about the child.
7. Have other types of age appropriate contact with the child(ren) including telephone calls, emails, and/or letters as applicable for the child's age and interests.
8. Meet in person with the child's primary placement provider in a timely manner after placement occurs, and communicate with the placement provider at least once a month thereafter for the duration of the assignment of the child's case.
9. Advocate for the child(ren)'s best interest in the community by interfacing with mental health, medical, legal, educational and other community systems to assure that the child(ren)'s needs in these areas are met.
10. Determine if a permanent plan, an educational passport, and a medical passport has been created for the child(ren).
11. Participate in all scheduled case related meetings involving the child(ren) in order to keep informed of the child(ren)'s permanent plan.
12. Seek cooperative solutions by acting as a facilitator among parties maintaining communication with the child(ren)'s parents, family members, attorney ad litem, teachers, and other service providers as applicable.
13. Discuss court reports with Case Coordinator or Case Supervisor prior to writing report.
14. Turn in court reports in a legible form and 14 working days prior to the hearing to be reviewed by the Volunteer Coordinator or the Executive Director.
15. Turn in additional necessary paperwork on time to the CASA office.
16. Appear at all hearings to advocate for the child(ren)'s best interest and permanency. Provide testimony when necessary, making recommendations for specific appropriate services for the child and when appropriate, the child's family. Provide written court reports for all permanency and review hearings.
17. On each case, assigned CASA staff and CASA volunteers will communicate at least once a month so as to up date records and contact logs and participate together in scheduled case conferences.
18. Inform the court promptly of important developments in the case through appropriate means as determined by court rules and statute.
19. Monitor implementation of service plans and court orders assuring that court-ordered services are implemented in a timely manner and that review hearings are held in accordance with the law and placement is appropriate.
20. If child is freed for adoption, work unceasingly to attain this goal as soon as possible.

21. Work for permanency for the child whether that permanency is to be returned to that child's original home or freed for adoption.
22. Participate in the minimum of 12 hours of continuing education sessions per year.
23. Report any incidents of child abuse or neglect to the CASA coordinator and appropriate authorities.

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Signature

Date



## **GOLDEN CRESCENT CASA**

### **FORMS CHECKLIST**

- Volunteer Application
- Personal References
- Volunteer Acknowledgment Form
- Verification of Application Information & Release for Background Checks
- Criminal Background History and Screening
- Permission Form
- Felony Conviction Information
- Agreement to Obtain CANRIS (CPS) Check
- Individual CANRIS Record Request
- Permission to Release Private Information
- Confidentiality Agreement
- Volunteer Job Description
- Emergency Contact Information
- Copy of Driver's License
- Active Insurance Liability Card