

Application for Membership to the Board of Directors



Thank you for your interest in serving on the CASA Board of Directors. Please be assured that any information given on this application will be kept confidential and will be used only to determine the appropriateness of board membership or involvement with CASA.

CASA is an equal opportunity agency and does not discriminate against any individual, employee, applicant, volunteer or client on the basis of race, color, national origin, religion, gender, sexual orientation, age or disability. CASA will recruit, train and hire staff and volunteers legally eligible to work in the United States without regard to citizenship, ethnic background, or place of national origin. CASA will follow federal immigration regulations in effect for hiring decisions for staff and for volunteers.

PERSONAL INFORMATION

NAME: \_\_\_\_\_ OTHER NAME(S) USED: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ WORK ADDRESS: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_ OTHER (Cell, Pager): (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Length of Residency at Address Above: \_\_\_\_\_ If less than three years, please list previous address(es): \_\_\_\_\_

BUSINESS AFFILIATION: \_\_\_\_\_ TITLE: \_\_\_\_\_

I PREFER TO RECEIVE MAIL AT:  MY HOME ADDRESS  MY WORK ADDRESS

EDUCATION INFORMATION

Please list educational history including level of education, degrees received, and/or specialized certifications or licenses: \_\_\_\_\_

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

REFERENCES

Please list three references with daytime phone numbers. Please give personal references that are not related but professional/community/volunteer related references.

- 1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Mailing Address \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Mailing Address \_\_\_\_\_
- 3. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Mailing Address \_\_\_\_\_

**VOLUNTEER/BOARD EXPERIENCE**

Why are you interested in serving on the CASA Board of Directors? \_\_\_\_\_  
\_\_\_\_\_

Other Community Agency Service:

<u>Organization</u>	<u>Length of Service</u>	<u>Capacity (Board, Advisory, Volunteer)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have had any personal experience involving any of these systems, please describe:

- 1. Child Welfare: \_\_\_\_\_  
\_\_\_\_\_
- 2. Court System: \_\_\_\_\_  
\_\_\_\_\_
- 3. Law Enforcement: \_\_\_\_\_  
\_\_\_\_\_

Please list any specific skills and experiences you have that could contribute to the work of CASA or its Board:

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

If there is anything else about yourself that you feel would be helpful to the Nominating Committee in considering your candidacy for the Board of Directors, please share that information here:

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

I hereby declare the information provided by me on this application is true, correct and complete to the best of my knowledge. I understand that if engaged, any misstatement or omission of fact on this application shall be considered cause for immediate dismissal. Furthermore, my signature on this application constitutes a release to contact my references. I further understand that in addition to completing this application, there may be other requirements for Board membership, including participation in a personal interview and attendance at New Board Member Orientation sessions.

I understand that the following background checks are required and will be repeated every two years of consecutive service: (1) national criminal background check, (2) child abuse and neglect registry check, (3) social security number verification check, (4) driver's record check, and (5) sex offender registry check. I authorize CASA of Denton County to perform these checks and understand that if I do not sign a release for these checks to be performed, CASA will not consider me to be affiliated with the agency.

CASA of Denton County reserves the right to reject applicants if they have been convicted, entered a guilty plea, entered a plea of no contest, accepted deferred adjudication or have charges pending for any level of offense under the Texas Penal Code Chapters 19, 20, 20A, 21, 22, 25, 28, 29, 30, 33, 42, 43, 46, 48, 49, 71 or other charges involving violence, child abuse or neglect, assault with family violence, a sex-related offense, or an offense that poses a risk to children or to the CASA program's credibility.

Signature of Candidate: \_\_\_\_\_

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

Signature of Board Nominator: \_\_\_\_\_

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

Signature of Nominating Committee Chair: \_\_\_\_\_

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