



COURT APPOINTED ADVOCATE VOLUNTEER APPLICATION

It is Child Advocates, Inc.'s policy to reserve the right to make such checks as deemed appropriate on the suitability of any new advocate for the important responsibility of work involving children. It is our policy to treat advocates with all the consideration given professionals. All information provided by you is confidential and will be used solely for the purpose of assisting in assessing and supervising to provide you the best advocate experience possible.

Date: _____

BIOGRAPHICAL INFORMATION

Name (first and last): _____ (Maiden): _____

Gender: M F Date of Birth: _____ Place of Birth: _____

Marital Status: Married Single Divorced Separated Widowed

If married, spouse's name: _____

Spouse's place of employment: _____

Home Address: _____
Street City State Zip County

If less than 5 years, please list previous address:

Previous Address: _____
Street City State Zip County

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Religion: _____ Ethnicity: _____

REFERRAL SOURCE – Please check all that apply.

<input type="checkbox"/> Event Which one: _____ <input type="checkbox"/> Place of Worship Where: _____ <input type="checkbox"/> Employer Who: _____ <input type="checkbox"/> Internet Site or Search Engine: _____ <input type="checkbox"/> Personal Referral Who: _____ <input type="checkbox"/> Speaking Engagement Where: _____ <input type="checkbox"/> Social / Professional Organization Which one: _____	<input type="checkbox"/> Radio <input type="radio"/> KPRC-AM: 950 TALK <input type="radio"/> NPR-AM: 88.7 Houston Public Media <input type="radio"/> KTRH-AM: 740 News Radio <input type="radio"/> Mix-FM: 96.5 Houston Mix <input type="radio"/> KKHH-FM: 95.7 HOT <input type="radio"/> KILT-AM: 610 Sports Radio <input type="radio"/> KBME-AM: 790 Sports Talk <input type="radio"/> KRBE-FM: 104.1 KRBE <input type="radio"/> Other: _____ <input type="checkbox"/> Print Media (Newspaper / Magazine) Which one: _____ <input type="checkbox"/> Billboard <input type="checkbox"/> Flyer Location: _____
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EMPLOYMENT HISTORY

List your last three places of employment (the first being your present employer).

Company Name	Position	Company Website	Company Phone	Employment Dates Start / Ending

Does current employer sponsor an "Employer Matching Gifts Program?" Yes No

EDUCATION

School Name	Degree
College	
Business / Vocational School	
High School	

Please list hobbies and special interests: _____

Church Affiliation: _____

Does your church have a mission / outreach / giving program? Yes No

Name of contact person or pastor: _____

Civic Club Affiliation (please specify you or your spouse): _____

Fraternal Organizations (please specify you or your spouse): _____

Social Organizations (please specify you or your spouse): _____

Professional Organizations (please specify you or your spouse): _____

Other Organization Board Memberships (please specify you or your spouse): _____

Would you be interested in public speaking engagements to recruit future court appointed advocates? Yes No

Do you speak fluent Spanish? Yes No Another Language: _____

What did you like best about your previous volunteer experience? _____

What did you like the least? _____

Please list the names and ages of all children (regardless of where they reside):

NAME

AGE

Are you available to perform casework during the work week between the hours of 8 AM - 5 PM? _____

Serving as a court appointed advocate requires that you have some availability Monday - Friday between the hours of 8 AM - 5 PM. Case activities such as court hearings, phone calls to service providers, meetings at CPS or schools, as well as, family visitations are held during this timeframe. Do you anticipate any scheduling conflicts that might prevent you from being able to complete these activities? _____

Do you have any physical limitations that needs consideration or will interfere with this volunteer role?

Yes No If yes, explain: _____

Have you ever received mental health counseling?

Yes No If yes, explain: _____

PLEASE RESPOND TO THE STATEMENTS LISTED BELOW:

“I am effective working with young people because...” _____

“I might have problems working with young people because...” _____

"I am interested in working as a court appointed advocate because..." _____

Have you had any involvement with any county Children's Protective Services in Texas or any other state?
 Yes No If yes, explain: _____

Have you ever been arrested for a felony or misdemeanor other than a traffic violation?
 Yes No If yes, explain: _____

Have you ever been suspected, investigated and/or arrested for child molestation, sex offenses and/or physical child abuse?
 Yes No If yes, explain: _____

Do you presently have a child involved in the criminal justice system?
 Yes No If yes, explain: _____

CONVICTION OF A CRIME DOES NOT AUTOMATICALLY EXCLUDE YOU FROM OUR PROGRAM.
We assess each individual's application separately. Child Advocates, Inc. reserves the right to accept or reject individuals into our program.

I authorize an investigation of all statements contained in this application and further authorize Child Advocates, Inc. to perform a police check and a Harris County Children's Protective Services record check. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Signature of Applicant Date

1. Have you or has anyone in your immediate family of origin been (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Sexually Abused? | <input type="checkbox"/> Physically Abused? |
| <input type="checkbox"/> Emotionally Abused? | <input type="checkbox"/> Neglected? |
| <input type="checkbox"/> Exposed to domestic violence? | <input type="checkbox"/> Involved with Children's Protective Services (CPS)? |
| <input type="checkbox"/> None of the above | |

If "YES" please explain. Include how do you think these experiences have impacted your life and will impact your work with Child Advocates?

2. Have you or has anyone in your family abused substances?

- Yes No

If "YES", please expand in terms of "who" and "when," and identify any recovery process. Include how you think these experiences have impacted your life and will impact your work with Child Advocates. _____
