

**CASA of the Rolling Plains  
BOARD OF DIRECTORS APPLICATION**

Thank you for your interest in the Court appointed Special Advocates Program for CASA of the Rolling Plains. The information provided will assist the Committee in selecting those individuals for the CASA of the Rolling Plains Board of Directors who best represent the interests of the community we serve. The contributions of the board members will have significant implications for the current and future children in the care of the Texas Department of Family and Protective Services in the CASA of the Rolling Plains Program.

Name \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_  
                    First                      Middle                      Last

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
                    Street                      City                      State                      Zip

Business Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
                    Street                      City                      State                      Zip

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Current Employer \_\_\_\_\_

Job duties \_\_\_\_\_

Past work experience \_\_\_\_\_

Spouse's name if married \_\_\_\_\_ Spouse's employer \_\_\_\_\_

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 \_\_\_\_\_

Check the following in which you have experience:  
\_\_\_\_ Fund Raising \_\_\_\_ Public Relations \_\_\_\_ Management \_\_\_\_ Legal \_\_\_\_ Health \_\_\_\_ Welfare  
\_\_\_\_ Education \_\_\_\_ Other Please describe \_\_\_\_\_

What Professional Organizations do you belong to \_\_\_\_\_  
\_\_\_\_\_

What Volunteer/Civic Organizations are you a member of \_\_\_\_\_  
\_\_\_\_\_

Why do you want to serve on this board \_\_\_\_\_  
\_\_\_\_\_

What expertise or special skills do you have that would help this board function effectively \_\_\_\_\_  
\_\_\_\_\_

What do you hope to accomplish during Board service \_\_\_\_\_  
\_\_\_\_\_

What leadership positions are you interested in \_\_\_\_\_  
\_\_\_\_\_+

Your personal goals for Board service

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_

How will serving on the Board help you develop skills or meet your interest \_\_\_\_\_  
\_\_\_\_\_

Please check off duties that you know you have the time and skills to perform

**Knowledge and preparation:**

- Educate myself on the nonprofit; its history, goals, client/constituency, current staff situation, problems, and needs
- Keep abreast of national, state, and local trends that affect the nonprofit and its clients or constituency
- Educate myself on the roles and responsibilities of the Board as a whole, as well as individual Board members

**Participation:**

- Be an enthusiastic and knowledgeable voice for the nonprofit
- Serve actively on at least one committee; understand how the committee relates to the Board
- Act as an advocate for the nonprofit and the people we serve
- Contribute financially to the nonprofit; provide fund raising contacts, in-kind donations
- Participate in discussions at meetings; ask probing question and seek relevant answers
- Report to the board, in written or verbal form, as appropriate
- Recognize my role as a member of the team

Hobbies or other non-work interests \_\_\_\_\_  
\_\_\_\_\_

Have you held a Board leadership position in the past? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what position? \_\_\_\_\_

Past/Present Board experience \_\_\_\_\_

Please provide the name, address, and phone numbers of two unrelated references:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Best time to call \_\_\_\_\_ Best time to call \_\_\_\_\_

I understand that membership on CASA of the Rolling Plains Board will require a commitment on my part to complete the member training, attend board meetings, complete committee work assignments on time, and bring the best capabilities to studying and understanding issues presented before the board. Further, I understand that any arrests, charges, or convictions related to any sexual offense, drug related offense, murder, theft, assault, battery, or any other crime involving personal injury or threat to another person may make me ineligible to serve with CASA of the Rolling Plains. Any real or perceived financial conflict of interest may also make me ineligible to serve and must be disclosed.

\*\*\*\*\*Have you ever been charged or convicted with a felony?            YES    NO

\*\*\*\*\*Have you ever been charged or convicted with a misdemeanor?    YES    NO

### **AUTHORIZATION FOR RELEASE OF INFORMATION**

**All applications MUST BE accompanied by a signed authority for release of information that allows the CASA Organization to conduct a full background check on the applicant by the Texas Department of Public Safety or an appropriate agency, the Texas Department of Protective and Regulatory Services and such records as may be deemed appropriate by the organization. All information is held in strict confidence by the CASA Organization.**

Please complete the attached Request for Child Abuse/Neglect Central Registry and DPS Criminal History Check.

Signed \_\_\_\_\_

Date \_\_\_\_\_