



## Board of Directors Application

*Thank you for your interest in the Court Appointed Special Advocates (CASA) for Kids of South Central Texas program. The information provided will assist the Committee in selecting those individuals for the CASA for Kids Board of Directors who best represent the interests of the community we serve. The contributions the Board members make will have significant implications for the current and future children in the Care of the Department of Family and Protective Services in Austin, Colorado, Waller and Washington Counties.*

**Date of Application:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
First Middle Last

**Social Security Number:** \_\_\_\_\_ **Drivers License:** \_\_\_\_\_  
Number State

**Home Address:** \_\_\_\_\_  
Street / PO Box City State Zip

**Preferred Phone number:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Emergency Contact Name & Number:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Current Employer, if applicable:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_  
Street / PO Box City State Zip

**Please check the highest 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 all of the following areas in which you have experience:**

- |  |                                    |                                       |  |
|--|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Financial                                     | <input type="checkbox"/> Marketing | <input type="checkbox"/> Education    | <input type="checkbox"/> Communication       |
| <input type="checkbox"/> Fund Raising                                  | <input type="checkbox"/> Planning  | <input type="checkbox"/> Professional | <input type="checkbox"/> Community relations |
| <input type="checkbox"/> Management                                    | <input type="checkbox"/> Medical   | <input type="checkbox"/> Legal        | <input type="checkbox"/> Public Relations    |
| <input type="checkbox"/> Other Health, Educational or Welfare Services |                                    |                                       |  |

**Please describe:** \_\_\_\_\_

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**Do you belong to any other Professional organizations?**  Yes  No

If yes, please list: \_\_\_\_\_

**Are you a member of any other Volunteer/Civic Organizations?**  Yes  No

If yes, please list: \_\_\_\_\_

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**Why do you want to serve on this Board?** \_\_\_\_\_

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**Have you served on other Boards?**  Yes  No

**Have you held a leadership position on a Board in the Past?**  Yes  No

If yes, what positions? \_\_\_\_\_

Please list Past/Present board experience: \_\_\_\_\_

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**What expertise or skills do you possess that would help this Board function effectively?**

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**What Leadership position (s), if any, are you interested in:**

President     Vice-President     Secretary     Treasurer

**I will be committed to a:**     3yr Board Term

**Please provide three references:**

**Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_  
                    First                      Middle                      Last

**Address:** \_\_\_\_\_  
                    Street / PO Box    City                      State    Zip

**Relationship:** \_\_\_\_\_ **Best time to call:** \_\_\_\_\_

*Date Checked / Initials:* \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_  
                    First                      Middle                      Last

**Address:** \_\_\_\_\_  
                    Street / PO Box    City                      State    Zip

**Relationship:** \_\_\_\_\_ **Best time to call:** \_\_\_\_\_

*Date Checked / Initials:* \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_  
                    First                      Middle                      Last

**Address:** \_\_\_\_\_  
                    Street / PO Box    City                      State    Zip

**Relationship:** \_\_\_\_\_ **Best time to call:** \_\_\_\_\_

*Date Checked / Initials:* \_\_\_\_\_

**I understand that the following are duties that I will be expected to fulfill as a CASA for Kids of South Central Texas Board member:**

- Educate myself about CASA and about the roles and responsibilities of the Board of Directors and attend trainings offered on these subjects.
- Be an enthusiastic and knowledgeable representative for CASA for Kids of South Central Texas in the community.
- Participate meaningfully in Board meetings and activities.
- Assist the Board in monitoring the program's finances, its services, and overall performance in relation to its mission and its service to children in the community.
- Participate in fundraising for CASA for Kids of South Central Texas.
- Support the non-profit through a personal financial contribution.
- Serve actively on at least one committee of the Board.
- Assist the Board in developing policies and procedures for the CASA for Kids of South Central Texas operation.
- Help in selection, evaluation, and support of the Executive Director.
- Participate in creating a long-range plan for the program.

**Further, I understand that CASA for Kids will secure the following background checks: local, state and national criminal background checks, child abuse registry and national sex offender registry, and that my acceptance on the CASA for Kids of South Central Texas Board is subject to my agreeing to the background checks.** I further understand that any negative CPS history or any arrests, charges or convictions related to any sexual offense, drug-related offense, murder, theft, assault, or any other crime involving personal injury or threat to another person, or related acts that would pose a risk to the program's credibility may make me ineligible for the CASA for Kids of South Central Texas Board.

Any real or perceived conflict of interest may also make me ineligible to serve and must be disclosed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Board / Staff Only:**

Copy of DL

Copy of SS

Height \_\_\_\_\_

Weight \_\_\_\_\_

Race / Ethnicity \_\_\_\_\_

Alias Names \_\_\_\_\_