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Volunteer Application

The information on this form will help us assess your qualifications to serve as a Court Appointed Special Advocate (CASA). Please read the directions carefully and complete all sections of the application as thoroughly as possible. Please mail or bring in your application before or during your first interview. Thank you for your time and interest in becoming a Court Appointed Special Advocate (CASA).

I. PERSONAL DATA

Name: _____ Maiden/Prior Name(s): _____

Date of Birth: _____ Soc. Sec. #: _____

Home Address: _____

City/State/Zip: _____

Home Ph. #: _____ Cell Ph. #: _____

Fax #: _____ E-mail Address: _____

I have resided in California for the last _____ years.

Employer: _____

Address: _____

Supervisor: _____

Work Ph. #: _____ May you be called at work? Y N

Title and brief description of work:

Are you a licensed driver? Y N Do you have a car available? Y N

Drivers Lic. #: _____ Auto Lic. #: _____

Insurance Company: _____ Policy #: _____

II. EDUCATION

Name	Location	Dates Attended	Diploma/Degree

Circle last grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
(Grade School) (High School) (College) (Graduate) (Beyond)

Do you have any special skills, licenses, or certificates (i.e. foreign language, sign language)? If yes, please describe.

III. AVAILABILITY

Are you willing to commit to one year of volunteer service? _____ Yes _____ No

How many hours per week are you available? _____

What days and hours of the week are you available? _____

As a CASA volunteer you will be required to attend court hearings for the children you represent. They are scheduled between 8:30am and 5pm Monday through Friday.

Will you be able to arrange your schedule to attend these hearings? _____ Yes _____ No

IV. REFERENCES

List, as references, three (3) people who know you well and meet the following requirements:

1. Excluding family members.
2. Preferably including at least one person for whom you have volunteered with.
3. Your therapist if applicable.

You are responsible for sending Reference Questionnaires to each of the listed individuals who in turn are responsible for submitting completed questionnaires **directly** to the SCASA office. The information contained in these questionnaires is confidential. Please note that your references will be contacted by SCASA staff.

	Name	Address	Phone #	Relationship
1				
2				
3				

V. BACKGROUND INFORMATION/CHECK

1. Have you ever been:

A) Arrested for a crime?	Y	N
B) Arrested for a crime against a child?	Y	N
C) Arrested for a violent felony?	Y	N
D) Arrested for a sex crime?	Y	N

2. If you answered “yes” to A, B, C, or D above can you produce a written declaration of a “Finding of Factual Innocence” as described in California Penal Code, Section 851.8 et. seq.?

	Y	N
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3. Have you been convicted of any crime within the past 5 years of this date (excluding vehicle code infractions, but including vehicular misdemeanors or felonies)?

	Y	N
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4. Are you currently undergoing prosecution for any crime (excluding vehicle code infractions, but including vehicle misdemeanors or felonies)?

	Y	N
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5. Have you ever been or convicted of any crime not mentioned above?

	Y	N
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6. Have you ever been the: (Please circle all that apply)
- Parent Spouse or Significant other of a parent of a child who has been:
- A) the subject of a child abuse/neglect/abandonment report to a Child Protective or Law Enforcement Agency? Y N
- B) an adjudicated dependent of any juvenile court? Y N
- C) placed under informal supervision with any children's social services agency ie. Child Protective Services? Y N
7. As a child, were you or any of your siblings ever the subject of a child abuse report?
8. Are you currently paid or reimbursed to provide a service to children and/or parents within the child welfare and/or Juvenile Court System?

If you answered "yes" to any of the questions in this section, please explain:
(Attach additional sheets if necessary)

PLEASE NOTE-

Any applicant convicted of or having charges pending a felony or a misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose a risk to children or the CASA program's credibility is not eligible to be a CASA volunteer.

VI. MEDICAL / PSYCHOLOGICAL INFORMATION

Are you currently under the care of a medical professional, and/or therapist, and/or taking any prescribed medications which might limit your ability to provide services and/or meet the qualification requirements of this program? Y N

If yes, briefly describe:

If an applicant is under the care of a licensed psychiatrist or taking psychotropic drugs, CASA will require a statement from the psychiatrist stating the applicant's ability to perform CASA duties. Please list this information above.

VII. FOR CASE MATCHING AND STATISTICAL PURPOSES

Marital Status (Circle all that apply):

Single Married Widowed Divorced Separated Domestic Partner

Spouse's/Partner's Name: _____

Spouse's/Partner's Occupation: _____

Number & Ages of your children:

Your ethnic background: _____

Are you comfortable working with children that have been abused or molested? Y N

Are you comfortable working with children that are gay or lesbian? Y N

Are you comfortable working with children that have development disabilities? Y N

Are comfortable working with ethnic minorities? Y N

Are you willing to accept a sibling group assignment? Y N

I work best with children who are: M F

Ages: 0-5 6-12 13-17

VIII. AUTOBIOGRAPHY

Please answer the following questions on a separate piece of paper in short paragraph form. Additionally, submit an autobiography no longer than 1 page.

1. Why do you want to become a CASA volunteer?
2. How did you hear about the CASA program?
3. What do you hope to get out of this experience?
4. Briefly explain your philosophy on parenting, including the rights and responsibilities of both parents and children.
5. List current and previous volunteer work.
6. Briefly explain what role you believe society should play in protecting the rights of children and helping a family overcome hardships and remain living together as one unit.
7. What experience or knowledge of children and families do you have to assist you in determining what may be in a child's best interest (i.e. parenting, child care, etc.)?
8. Do you have any experiences with social service agencies as a staff person, foster parent, volunteer, or client? If yes. Please describe.
9. Describe any strong interests, knowledge areas, hobbies, or special skills which you could offer as a volunteer.

IX. AGREEMENT

A. As a volunteer do you agree to:

1. Submit to an investigation of suitability as a CASA , including (but not limited to) being fingerprinted, criminal background check, and Department of Motor Vehicles records check? (Initial) _____
2. Upon successful completion of the screening and training, serve as a CASA volunteer for at least one (1) year? (Initial) _____
3. Participate in on-going supervision and training meetings, also, submit monthly logs & other paperwork required? (Initial) _____
4. Maintain confidentiality regarding all court cases? (Initial)_____

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize SCASA, Inc., and any law enforcement agency they authorize, to investigate my background to determine my fitness as a potential volunteer.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of one year in the SCASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program 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 CASA 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.

I also understand that if for any reason it becomes apparent activities are contrary to the policies, goals and/or philosophy of the SCASA program, and their desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

I submit the statements on this application are true, complete, and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

Name of Volunteer Applicant (please print)

Signature of Volunteer Applicant

Date