



724 Main Street, Suite 101
Woodland, CA 95695
530.661.4200
FAX 530.662.0970

Today's Date: _____

VOLUNTEER APPLICATION

The information on this form will help us assess your qualifications to serve as a CASA. Please read the directions carefully and complete all sections of the application as thoroughly as possible.

Personal Data

Full Name: _____

Date of Birth: _____ Gender: _____

Maiden/Prior Name: _____

Driver's License _____ Exp: _____

Home Address: _____ Home Phone: _____

City/State/Zip: _____ Work Phone: _____

E-mail address: _____ Cell Phone: _____

If less than 10 years at current address, please provide previous home address:

Home Address: _____

City/State/Zip: _____

Best number to be reached during the: DAY: _____ EVENING: _____

Do you have a car available? Yes ___ No ___ If you answered "no," do you have other reliable transportation? _____

How did you hear about our program? _____

Have you applied to be a CASA at another CASA Program? Yes _____ No _____

If yes, did you perform the duties of a CASA-Briefly explain: _____

Do you have experience working with children? Yes _____ No _____

Briefly describe your experience: _____

Have you ever applied to be a volunteer with another organization? Yes _____ No _____

Briefly describe your experience: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Email address: _____

Employment and Educational Data

Employer: _____

Work Address: _____

May you be called at work? Yes _____ No _____ Length of Employment: _____

Your title and a brief description of your work: _____

Circle last grade completed: Grade School High School College Other

Name of School / Degree / Year Graduated:

For Case Matching and Statistical Purposes

What, if any, language(s) do you speak other than English? _____

Circle one: Fluent Conversational Beginner/Learning

Do you know Sign Language (ASL)? _____

Racial and/or Ethnic Identity: _____ Marital Status: _____

Number and ages of your children, if any: _____

Medical/Psychological Information

Are you currently under the care of a medical and/or mental health professional, and/or taking any prescribed medications which might limit your abilities to provide services to this program?

Yes ___ No _____

If yes, please describe briefly.

If applicable, may we contact your therapist? Yes___ No___

List other community activities and membership in clubs, church and other organizations:

Do you have any special skills, licensing or knowledge? Please explain/describe:

As a CASA volunteer, you will be required to attend court hearings approximately twice a year for the child(ren) you represent. Will you be able to arrange your schedule to attend these hearings?

Yes _____ No _____

Work/Volunteer History (Use another sheet if necessary)

Start with your current or most recent activity and include at least the last ten years. Check "P" for paid and "V" for volunteer work experience.

Employer Name and Address	Employed From/To	P	V	Job Title	Reason for Leaving

Background Information	YES	NO
Have you ever been arrested for a crime against a child?		
Have you ever been arrested for a violent felony?		
Have you ever been arrested for a sex crime?		
If you answered "yes" to any of the above, can you produce a written declaration of a "Finding of Factual Innocence" as described in the California Penal Code, Section 851.8 et. seq.?		
Have you been convicted of any crime within the past five years of this date (excluding vehicle code infractions, but including vehicular misdemeanors or felonies)?		
Are you currently undergoing prosecution for any crime (excluding vehicle code infractions, but including vehicular misdemeanors and felonies)?		
Have you ever been arrested or convicted of any crime not mentioned above?		
Have you ever been the parent or spouse or significant other of the parent of a child who has been: <ul style="list-style-type: none"> 1. the subject of a child abuse/neglect/abandonment report of a child protective or law enforcement agency? 		
<ul style="list-style-type: none"> 2. an adjudicated dependent or ward of any juvenile court? 		
<ul style="list-style-type: none"> 3. placed under informal supervision in any county's children's social service agency? 		
As a child, were you or any of your siblings ever the subject of a child abuse report?		
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 have answered "yes" to any of the questions in the section above, please explain. If arrested, please list the date, location of arrest, and the outcome. (Attach additional sheets as necessary.)

Autobiography

Please write an autobiography which includes the following and attach to this application:

1. Describe your childhood; include your family's strengths and weaknesses.
2. Why are you interested in becoming a CASA?
3. What experiences have you had that would be beneficial to you as a CASA and why?
4. How do you hope to benefit from this volunteer experience?

References

List as references three people who know you well and can speak to your ability to interact with children (preferably at least one person for whom you have worked or volunteered). **Do not use relatives as references.** Include their email addresses and telephone numbers. Please notify these references that they will be contacted by CASA program staff. Please print clearly.

Personal Reference #1:

Full Name: _____ Relationship: _____

Email Address: _____ Phone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Personal Reference #2:

Full Name: _____ Relationship: _____

Email Address: _____ Phone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Personal Reference #3:

Full Name: _____ Relationship: _____

Email Address: _____ Phone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Agreement

As an applicant to be a volunteer, do you understand and agree to:

Initial

1. Submit to an investigation of suitability as a volunteer, including, but not limited to, being fingerprinted, undergoing a local, state and national criminal background check, social security number verification, three personal references, an annual Department of Motor Vehicles record check, and a national sex offender registry check?

2. Refusal of background checks as grounds for rejection of application?

3. Disqualification of application upon record of conduct, including criminal record, driving record, past convictions or current charges pending for a felony or misdemeanor involving a sex offense, child abuse, or child neglect?

4. Upon successful completion of the screening and training, serve as a volunteer for a minimum of 18 months?

5. Participate in on-going supervision and continuing education annually?

6. Provide necessary paperwork when requested, such as proof of auto liability coverage meeting minimum legal requirements and a copy of a valid drivers license?

7. Maintain strict confidentiality regarding all court cases?

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the Yolo County CASA program 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 suitability as a volunteer. This will include a check for any past criminal record. I understand that the agencies to be contacted may include employers, courts, police, social services and other persons or agencies with whom I have had contact. I authorize further these aforementioned agencies to release the results of said criminal records checks to the CASA program. No individual will be rejected because of culture, disability, ethnicity, gender, marital status, national origin, race or sexual orientation. Further, I understand that after the successful completion of my training, I am expected to commit to the minimum monthly requirement in the Yolo County CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the executive director in accordance with the Yolo County CASA Policies and Procedures Manual. 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 volunteer advocate. 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.

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use by the Yolo County CASA program.

I have read the above Affirmation and Release Statement and fully understand what rights I am waiving by signing this document.

Signature

Date

Printed Name