

**Northern California Inter-Tribal CASA**

P.O. Box 629 • Yreka, CA 96097

Phone: (530) 842-9228 Fax: (530) 842-9227



## VOLUNTEER APPLICATION

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

First Middle Last

ADDRESS: \_\_\_\_\_

Street City Zip

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ May we contact you at work?: YES NO

Have you lived in CA the past 5 years? YES NO If not, in what state or country? \_\_\_\_\_

EMERGENCY NOTIFICATION:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address Telephone

\_\_\_\_\_  
City, State Zip Code

Do you have access to an automobile: YES NO

Have you had a valid license for at least 3 years: YES NO

Have you had any alcohol or drug related vehicle violations in the past five (5) years: YES NO

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

INSURANCE CARRIER & POLICY#: \_\_\_\_\_

How did you become aware of the CASA program?: \_\_\_\_\_

\_\_\_\_\_  
Have you and your family had any involvement with Juvenile Court? YES NO If yes please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor? YES NO If yes please explain\_\_\_\_\_

\_\_\_\_\_

Have you ever been treated for mental illness or received counseling which would affect your ability to be a successful CASA volunteer? YES NO If yes, explain:\_\_\_\_\_

\_\_\_\_\_

DO YOU AGREE TO:

- A] Commit to at least 2 hours per week as a CASA volunteer? \_\_\_\_\_
- B] Commit to at least one year of service? \_\_\_\_\_
- C] Participate in on-going supervision and training meetings? \_\_\_\_\_
- D] Maintain confidentiality regarding all court cases? \_\_\_\_\_
- E] Submit to a criminal investigation background check? \_\_\_\_\_
- F] Submit to a Department of Motor Vehicles check? \_\_\_\_\_
- G] BE A **CONSISTENT AND STABLE** ADULT in a child's life? \_\_\_\_\_

DESCRIBE EDUCATION AND TRAINING: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE PRIOR VOLUNTEER EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE EMPLOYMENT EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in volunteering with **CASA**? What do you feel you will contribute as a participant in this program? (Please include a statement about your personal motivation and goals as they relate to your participation in this program): \_\_\_\_\_

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Please describe difficulties (if any) you have had involving people of races and classes different from your own: \_\_\_\_\_

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Please list your interests, hobbies (these may be used in matching a child with you): \_\_\_\_\_

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Are you a member of any service clubs or organizations (Rotary, Soroptimists, etc.)? \_\_\_\_\_

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Have you ever done any public speaking (If yes, where)? \_\_\_\_\_

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PLEASE READ AND INITIAL

I UNDERSTAND the information regarding all cases is confidential and will not be discussed outside the agency. \_\_\_\_\_ [Initial]

I UNDERSTAND any breach in confidentiality will result in immediate termination from the program. \_\_\_\_\_ [Initial]

I UNDERSTAND that after successfully completing my training and successfully completing the probationary period, I will be expected to serve a minimum of 2 hours per week for at least one year as a Court Appointed Special Advocate. If unforeseen circumstances prevent me from fulfilling this contract, I will give the Program Manager advanced notice and submit a written resignation. \_\_\_\_\_ [Initial]

I UNDERSTAND that by submitting this application, I am authorizing inquiries to be made concerning my suitability as a volunteer. This will include a check for my past criminal record. I concur that the Tribal CASA Program may conduct this investigation. I also authorize inquiries into any and all previous or current involvement between myself and child welfare services, and hereby give my consent to release any and all information regarding this involvement. The information requested in this application and such as may otherwise be obtained will be used only for the purpose of determining suitability as a volunteer. *All information will be held in confidence.* \_\_\_\_\_ [Initial]

I UNDERSTAND that any applicant found to have been convicted of or to have current charges pending for a felony or misdemeanor involving a sex offense, child abuse, or child neglect may not be accepted as a CASA volunteer. \_\_\_\_\_ [Initial]

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Criteria used in this selection of volunteers will be such as to ensure that the individual is able to meet the responsibilities of a COURT APPOINTED SPECIAL ADVOCATE [CASA]. No individual will be rejected because of race, color, religious creed, national origin, sex, age or marital status.

## REFERENCES:

Please list **three** non-relative references who can describe your personal and/or professional capacity to work as a volunteer in this program. At least one of these references must be from someone who has supervised you in an **employment or volunteer experience**. Please provide **complete and accurate mailing addresses** as letters will be sent to these named persons.

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE AND ZIP \_\_\_\_\_  
DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_
  
2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE AND ZIP \_\_\_\_\_  
DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_
  
3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE AND ZIP \_\_\_\_\_  
DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

I UNDERSTAND that the references listed above will be contacted by the CASA program in the process of my application. I give my permission and agree to release the Northern California Inter-Tribal CASA Program from any claims arising from such investigation. I understand that all information will be held in confidence.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### Demographic Information

CASA conduct annual reviews of volunteer and child demographics. The following information is utilized solely for demographic purposes. If you choose to provide us with this information, please place a mark in the box next to the description you feel is most appropriate.

#### **Ethnic Origin**

- Native American
- Filipino
- African American
- Bi-Racial
- Pacific Islander
- Asian American
- Hispanic/Latino
- Caucasian
- Other
- Decline to State

#### **Educational Level**

- High School
- Some College
- College Graduate
- Post-Graduate
- Other
- Decline to State

#### **Employment Status**

- Full Time
- Part Time
- Student
- Retired
- Not Employed
- Other
- Decline to State