

## CASA VOLUNTEER APPLICATION FORM

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**Please TYPE or PRINT**

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NAME (Last)	(First)	(Middle)
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ADDRESS (Street)	(City)	(ZIP)
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Home Phone	Work Phone	Cell Phone/Pager	E-Mail
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AKA (Maiden names etc.)	Social Security Number	Date of Birth
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Ethnic Background	Sex: <u>Male/Female</u>	Second Language(s)
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Driver's License Number	State	Expiration Date
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**FAMILY:**

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Children:**

Name	Date of Birth	Sex
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Do you have access to a car? \_\_\_\_\_ Insurance Provider: \_\_\_\_\_  
*Provide copy of coverage*

Have you ever been arrested, detained by police, summoned into court or convicted of any criminal charges? (include traffic arrests or violations) No \_\_\_\_ Yes \_\_\_\_ If yes, provide details in space below:

Date of Offense	Charge	City/State	Disposition
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Please list the names of those who will provide Letters of Reference. These should be people who know you in a professional manner, such as current or former employer, co-workers, members of your church or community groups, or people from organizations where you have held volunteer positions. One must be from your employer if you have been employed in the past three years. If you have been in therapy in the past two years, one of the references must be your therapist. Please do not use family or close friends. After your initial contact with them, remember to send each of them an Authorization to Release Information form, included in this package.

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How long have you lived in Contra Costa County? \_\_\_\_\_ California \_\_\_\_\_

Please list places of residence for the past 5 years.

Address	City	State	# Yrs.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION:**

Specify highest level completed: \_\_\_\_\_

Name of school, degree and date received: \_\_\_\_\_

**EMPLOYMENT:**

Please provide information about your current or most recent job:

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

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

From (mo/year) \_\_\_\_\_ to (mo/year) \_\_\_\_\_

Supervisor \_\_\_\_\_

Phone \_\_\_\_\_ May we contact? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe your duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Please attach a copy of your current resume, if available

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1. Do you have any chronic health problems, (e.g. back, migraines, hearing loss etc.) that might interfere with CASA work? If yes, please explain:

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2. What does 'commitment' mean to you?

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3. What questions do you have about being a CASA volunteer?

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4. Do you have computer / e mail skills?    Yes    No    (Circle one)

I hereby declare the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that if accepted, any misrepresentation or omission of fact will cause my disqualification and/or immediate termination.

I understand that by submitting this application, I am authorizing inquiries to be made concerning my suitability as a CASA volunteer. This will include a FBI check and a Megan's Law Sex Offender Database check. 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, child neglect or any violent crime will not be accepted as a CASA volunteer. The information requested in this application plus any other information that may be obtained during the process will be used only for the purposes of determining suitability as a CASA volunteer. All information will be held in strict confidence.

Criteria used in the selection of CASA volunteers will 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, sexual orientation, gender identity, age, marital status or disability.

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Applicant's Signature

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Date