



CASA of Stanislaus County Volunteer Application

Name: _____ Date: _____

How did you hear about our CASA program? _____

Section 1

Personal Information

Legal Name(s): _____

Mailing Address: _____
Street City State Zip

Home Address: _____
Street City State Zip

Phone (H): _____ Phone (W): _____ Phone (C): _____

May we call you at work? Yes No

Email Address: _____

Social Security Number: _____ Gender: Male
 Female

Date of Birth (Advocates must be 21 or older): _____

Place of Birth: _____

Emergency Notification: _____

Ethnicity: African-American Asian Caucasian Latino/Hispanic
 Native American Other

Resident of Stanislaus County _____ years.

Marital Status: Single Married Domestic Partner Separated
 Divorced Widowed

If married or with domestic partner, please give spouse's name and occupation:

Children (names and ages): _____

Other members of household (names and relationship): _____

Other State(s) you have resided in: _____

Do you have personal transportation available? Yes No

Auto Insurance Carrier: _____

Car License Plate #: _____ Driver's License # _____

Other languages (besides English) that you speak fluently: _____

Section II

Employment and Volunteer Experience

Current employment status: Full-Time Part-Time Self-Employed

Unemployed Student Retired

Below, please list employers and /or volunteer positions (V for volunteer; P for paid) - with your **3 most recent** employment / volunteer experience **FIRST**:

Employer Address & Phone / Contact Dates Employed Job Title Reason for Leaving

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Please describe your duties, responsibilities and likes/dislikes about your past or present volunteer experience(s): _____

What sports, hobbies, crafts or activities interest you? _____

Are you a member of any community service clubs or organizations? Yes No

If yes, please list: _____

Section III

Education

Highest grade completed: _____

Major? Degree? _____

Last school attended and year: _____

Are you currently attending school: Yes No

Do you have any special skills or licenses?

If so, please list: _____

Do you have any experience in the following areas?

No additional experience Medicine Mental Health or Counsel

Social Work or Child Welfare Child Development Education

Media Arts/Graphics Substance Abuse Programs

Law Enforcement

Section IV

Personal References

Please list **names, addresses, telephone numbers and relationship** of **3 references** that we may contact. These may be friends, co-workers, employers, and teachers - but please, NO relatives. We would like to speak to those people in your life who have seen your interactions with children.

Section V

Background Information

Have you ever been arrested for...

a crime against a child? Yes No

a violent felony? Yes No

a crime sexual in nature? Yes No

If you answered "yes" to a, b or c above, can you produce a written declaration of a "Finding of Factual Innocence"? Yes No

Have you ever been convicted of any crime within the past 5 years (*excluding* minor vehicle code infractions, but including vehicular misdemeanors or felonies)?
 Yes No

Have you ever been arrested or convicted of any crime not mentioned above?
 Yes No

Are you or have you been the subject of - or been involved in:

a) A reporting to a Child Protective Agency? Yes No

b) An adjudicated dependent of any juvenile court? Yes No

c) Placed under informal supervision in any county's Children's Social Service Agency?
 Yes No

Have you ever been directly involved in a court proceeding in this or any other state?

Yes No

As a child, were you or any of your siblings ever the subject of a child abuse report?

Yes No

Are you currently paid or reimbursed to provide a service to children and/or parents within the Child Welfare and/or Juvenile Court system?

Yes No

Note: Any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose a risk to children or to our CASA program's credibility will NOT be accepted as a CASA volunteer.

Section VI

Medical Information

Are you currently under the care of a medical professional, and / or therapist?

Yes No

Are you currently taking any prescribed medications? Yes No

If yes to either of the above, please explain: _____

Section VII

Additional Information

If you were to volunteer with CASA of STANISLAUS COUNTY, would you agree to? ...

Be a CASA volunteer until your case is resolved (between 12-18 months)? Yes No

Complete the volunteer basic training program (approx. 30 hours)? Yes No

Complete 10 hours of court observation once training is complete? Yes No

Participate in ongoing training and supervision meetings? Yes No

Maintain confidentiality regarding all court cases? Yes No

Submit to a criminal index and investigative background check? Yes No

Provide auto liability insurance verification before working directly with children?
 Yes No

Volunteer 12>15 hours monthly (on average)? Yes No

Work with children who have suffered abuse or neglect and their families? Yes No

Would you be willing to accept a sibling group assignment? Yes No

Children you work best with are Male Female

Ages: 0-3 4-10 11-14 15-17+ No preference

Section VIII

Please write an autobiography of no less than one page in length. We will ask you for your autobiography at the time of your interview. Thank you!