

# Volunteer Application



Date \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

*The information on this form will help us assess your qualifications to serve as a volunteer for CASA of Stanislaus County. Please read the directions carefully and complete all the sections of the application thoroughly. All information provided by you will be used for case matching, background checks, and statistical purposes only. CASA of Stanislaus County will reject any applicant who refuses to sign a release of information form or submit to fingerprint scan and background check as required by law.*

## PERSONAL INFORMATION

Legal Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 (W) \_\_\_\_\_ (May we call you at work? Yes / No)

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Notification: \_\_\_\_\_

Name	Phone	Relationship
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Resident of Stanislaus County for \_\_\_\_\_ yrs.

Other States You Have Resided In: \_\_\_\_\_

Marital Status \_\_\_\_\_

If married, give spouse's name and occupation:

Spouse's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Children:	Name	Age
_____		
_____		
_____		

Other Members of Household:	<u>Name</u>	<u>Relationship</u>
_____		
_____		

Personal Transportation Available? Yes No

Circle languages other than English that you speak:

Spanish	Chinese	Portuguese
Japanese	Vietnamese	Cambodian
Other _____		

**APPLICANTS: PLEASE FILL OUT FOR BACKGROUND CHECK PURPOSES**

Gender: M F Any alias names \_\_\_\_\_

Date of Birth (must be 21 yrs. of age +) \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

California Driver's License Number \_\_\_\_\_

Ethnic Origin \_\_\_\_\_

**PERSONAL REFERENCES**

Please list names and **mailing addresses** of 3 references whom we may contact. These may be friends, coworkers, employers, teachers, or someone who has seen you interact with children, but **no relatives please**. Please print clearly

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

**EMPLOYMENT & VOLUNTEER EXPERIENCE**

What hobbies, sports, crafts or activities interest you?

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

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

List them:

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

Circle current employment status:

Full-time Part-Time Self-employed Student Unemployed Retired

CASA of Stanislaus County Volunteer Application

**Work Experience:** Check **P** for Paid and **V** for volunteer

P	V	Employer & Town	Job Title & length of stay

**EDUCATION** (Circle highest level completed)

High School: 9 10 11 12      College: 1 2 3 4      Graduate: 1 2 3 4

Last School Attended \_\_\_\_\_ Date \_\_\_\_\_

Major \_\_\_\_\_ Degree \_\_\_\_\_

Are you currently attending school?      Yes      No

Do you have any special skills or licenses? If yes, please list: \_\_\_\_\_

Do you have any training or experience in the following?

- |                                   |                           |
|-----------------------------------|---------------------------|
| _____ Medicine                    | _____ Child Development   |
| _____ Drug/Alcohol Abuse Programs | _____ Speaking/News Media |
| _____ Mental Health/Counseling    | _____ Education           |
| _____ Criminology/Law Enforcement | _____ Art Graphics        |
| _____ Social Work/Child Welfare   | Other _____               |
| _____ Writing                     |                           |

**BACKGROUND INFORMATION**

Have you ever been:

- |  |     |    |
|--|-----|----|
| a) Arrested for a crime against a child? | Yes | No |
| b) Arrested for a violent felony?        | Yes | No |
| c) Arrested for a sex crime?             | 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 been convicted of any crime within the past 5 years (excluding vehicle code infractions, but including vehicular misdemeanors or felonies)      Yes      No

CASA of Stanislaus County Volunteer Application

Have you ever been 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

As a child, were you or any of your siblings ever the subject of a child abuse report? Yes No

Have you ever been directly involved in a court proceeding in this or any other state? 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 risks to children or to the CASA program's credibility, will NOT be accepted as a CASA volunteer.

MEDICAL INFORMATION

Are you currently under the care of a medical professional, and/or therapist and/or taking any prescribed medications? Yes No

If yes, explain: \_\_\_\_\_

OTHER

If you are accepted as a volunteer with CASA of Stanislaus County, would you agree to: (Circle one)

- a) Be a CASA volunteer until case is resolved (approx. 18 months) Yes No
b) Submit to a criminal index and investigation background check? Yes No
c) Maintain confidentiality regarding all court cases Yes No
d) Complete the volunteer basic training program (approx. 40 hours) Yes No
e) Participate in ongoing supervision and training meetings? Yes No
f) Participate in court hearings when necessary, a min. of every 6months Yes No
g) Provide verification of auto liability insurance before working directly with children? Yes No
h) Volunteer 10 to 15 hours per month Yes No

AUTOBIOGRAPHY

On a separate sheet of paper, please write a one-page Autobiography & attach to this application.

**AFFIRMATION & RELEASE**

I, \_\_\_\_\_ hereby affirm that all of the answers provided are true. I hereby authorize CASA of Stanislaus County to investigate my background to determine my fitness as a potential volunteer. Falsifying and/or knowingly misrepresenting any information in this application are grounds for denying the applicant or dismissal of the volunteer. I understand that the screening process includes, but is not limited to: child abuse index check, fingerprinting, DMV check, proof of automobile insurance, references and in-depth personal interviews.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer. I understand that after successful completion of my training, and acceptance as an advocate, I will be expected to serve a minimum of 18 months in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the CASA Director as soon as possible.

I understand that if I am unable to complete all mandatory training sessions, I will have to complete all missed sessions at either the next scheduled training or arrange individual training with the CASA Office. I understand that I will not be able to serve as a volunteer until these sessions are completed as well as any additional requirements that the CASA staff may deem necessary.

I understand that when I leave the program, I will return all CASA training manuals, case files, ID badges, and all CASA materials obtained while serving as a volunteer with the program. All materials will be returned within one week of separation from the program.

I am aware of the sensitive and confidential nature of the documents, discussions, and other material I will examine in my capacity as a volunteer advocate. I will discuss these matters only with those directly involved in the case.

Name (please print) \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application to:  
CASA of Stanislaus County  
P.O. Box 3488  
Modesto, CA 95353  
Phone: (209) 548-6320 Fax: (209) 236-7792  
Or Scan and email to: [casaofstanco@stanct.org](mailto:casaofstanco@stanct.org)