



724 Main Street, Suite 101  
Woodland, CA 95695  
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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 and 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.

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If applicable, may we contact your therapist? Yes\_\_\_ No\_\_\_

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

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

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Hobbies and special interests: \_\_\_\_\_

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

<b>Background Information</b>	<b>YES</b>	<b>NO</b>
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: 1. the subject of a child abuse/neglect/abandonment report of a child protective or law enforcement agency?		
2. an adjudicated dependent or ward of any juvenile court?		
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.)

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## **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, and your therapist if you have one). **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