

(Place your program logo, address, phone and fax, website information here)

VOLUNTEER APPLICATION

The following information will be kept strictly confidential.

Name: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Emergency Contact's Name: _____ Relationship: _____ Phone: _____

Are you currently employed: Yes No If Yes, Fulltime or Part time

Present Occupation: _____ Present Employer: _____

Employer's Address: _____ Phone Number: _____

Education: Name Location Degree/Year Graduated

High School: _____ Phone number: _____

Vocational School: _____

College: _____

Graduate School: _____

Other Training: _____

Volunteer Experience and Experience working with children (*Membership in clubs, faith communities, professional groups, etc.*):

Organization Dates Involved Type of Experience

1. _____

2. _____

3. _____

4. _____

5. _____

Have you lived outside of New York State in the past five (5) years: Yes No

Are you prepared to complete 30 hours of pre-service training, court room observation, and a minimum of twelve hours per year of in-service training? Yes No

Does your schedule permit you to attend meetings and court hearings during the work day? Yes No

Are you prepared to commit to at least one year of volunteer service? Yes No

Languages spoken, other than English _____

Hobbies/Special Interests/Training _____

Do you have any cases pending in any court? Yes No If yes, please explain: _____

Have you been convicted of a crime as an adult? Yes No If Yes, please explain: _____

(A conviction will not bar you necessarily from becoming a volunteer.)

Have you ever been involved with the child protective system or family court? Yes No If Yes, please explain: _____

Do you hold a valid driver's license? Yes No Class of driver's license: _____ Expiration date: _____
Driver license number: _____ State of Issuance: _____

Do you consent to a routine check of criminal records? Yes No

Please list three references of people who know you well, other than relatives. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I, _____ hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize *(Insert name of program)* and other appropriate agencies and provide the necessary information for them to secure the following record checks: criminal records from the court jurisdiction in which the applicant currently resides and works; state criminal records; FBI or other national criminal database; National Sex Offender Registry; child abuse registry or child protective services where permissible by law; and social security number verification. If you refuse to sign a release of information form or submit the required information or fingerprints for any of the checks required, the *(Insert name of program)* will not accept your application.

Any applicant found to have been convicted of, or have 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 our program's credibility is not accepted as a CASA volunteer.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program director with as much advance notice as possible. 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 CASA volunteer. 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.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of the CASA program and their desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

Signature

Date

Please return completed and signed application to:
(Insert staff name and address)