

CASA of the Eastern Sierra

Volunteer Application

**CASA of the Eastern Sierra**

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| APPLICANT | | **SSN #:** | | | **DATE:** | |
| **FULL NAME:** |  | | | | | |
| **Maiden Name** |  | | | | | |
| **Address:** |  | | | | | |
| **Email:** |  | | | | **DOB:** |  |
| **Home Phone:** |  | | **Cell Phone:** |  | | |
| **Work Phone:** |  | | **Fax:** |  | | |
| Do you have an answering machine/voice mail? □ Yes □ No | | | | | | |
| Do you have access to a computer? □ Yes □ No | | | | | | |
| Do you have access to a car? □ Yes □ No | | | | | | |
| **Drivers License No:** |  | | **State Issued:** |  | | |
| **Expiration Date:** |  | | **Restrictions:** |  | | |
| Do you have auto insurance? □ Yes □ No | | | | | | |
| **Insurance Carrier:** |  | | | | | |
| **Policy #:** |  | | **Expiration:** |  | | |
| What is your experience working with children? | | | | | | |
| Are you presently or have you ever been a foster or adoptive parent?  If so, please provide name of agency: | | | | | | |

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| EMPLOYMENT *(Most recent to oldest)* | | **May we contact?** | | | | | **□ Yes □ No** | |
| **Current Employment Status:** **□** Full-time **□** Part-time **□** Student **□** Not employed **□** Retired | | | | | | | | |
| **EMPLOYER:** |  | | | | | | | |
| **ADDRESS:** |  | | | | | | | |
| **POSITION:** |  | | **PHONE:** | | |  | | |
| **SUPERVISOR:** |  | | | **TITLE:** | | | | |
| **STATUS:** | **□** Full-time **□** Part-time **□** Per Diem | | | **LENGTH OF EMPLOYMENT:** | | | |  |
| Employer | | **May we contact?** | | | | | **□ Yes □ No** | |
| **EMPLOYER:** |  | | | | | | | |
| **ADDRESS:** |  | | | | | | | |
| **POSITION:** |  | | **PHONE:** | |  | | | |
| **SUPERVISOR:** |  | | | **TITLE:** | | | | |
| **STATUS:** | **□** Full-time **□** Part-time **□** Per Diem | | | **LENGTH OF EMPLOYMENT:** | | | |  |
| Employer | | **May we contact?** | | | | | **□ Yes □ No** | |
| **EMPLOYER:** |  | | | | | | | |
| **ADDRESS:** |  | | | | | | | |
| **POSITION:** |  | | **PHONE:** | | |  | | |
| **SUPERVISOR:** |  | | | **TITLE:** | | | | |
| **STATUS:** | **□** Full-time **□** Part-time **□** Per Diem | | | **LENGTH OF EMPLOYMENT:** | | | |  |

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| EDUCATION | | | **HIGHEST LEVEL OBTAINED:** | |  |
|  | Name of School | City/State | | Graduation date | Diploma/Degree Obtained |
| **HIGH**  **School** |  |  | |  |  |
| **COLLEGE** |  |  | |  |  |
| **TRADE** |  |  | |  |  |
| **OTHER** |  |  | |  |  |



**CASA**

**BACKGROUND**

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| **Having been convicted of or plead guilty to traffic offenses or criminal charges does not necessarily exclude you from being a CASA volunteer. Please be aware that the CASA program will reject an applicant if found to have been convicted of, or having charges pending for, a felony or misdemeanor involving violence, moral turpitude, a sex offense, child abuse or neglect, or related acts that would, in the sole discretion of the CASA program, that pose risks to children or the CASA program’s credibility.** | | | | | |
| 1. | Have you ever been convicted of or plead guilty or no contest to any criminal charges, ordinance violations, or serious traffic offenses? Yes No  | | | | |
| 2. | Have you ever been sentenced to or served time in any prison, jail or other correctional facility?  Yes No | | | | |
| 3. | Do you have any criminal charges pending?  Yes No | | | | |
| If you answered "yes" to any of the previous questions, please describe the offense below: | | | | | |
| **Date of Offense** | | **Age at the time** | **Charge** | | **City/State** |
|  | |  |  | |  |
|  | |  |  | |  |
| Have you ever been the subject of, or been involved with any child protection proceedings, investigations, actions, or claims in the child welfare system? Yes No If YES, please explain: | | | | | |
|  | | | | | |
| Have you had any personal experience with the following: *(check all that apply)* | | | | | |
|  Child Welfare | | | | Foster Care | |
| Juvenile Court System | | | | Other Child Related Agencies | |
| What is your experience working with children? | | | | | |
| Are you presently or have you ever been a foster or adoptive parent?Yes No | | | | | |
| If yes, please explain: | | | | | |

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| Please list your previous addresses for the last **five** years: | | | |
| **ADDRESS** | **CITY** | **STATE** | **DATES** |
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| How did you hear about the CASA Program? | |
|   Friend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Newspaper/Magazine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Local Media: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | National Media: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Internet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please list previous/current volunteer activities: | |
| Describe any personal or professional constraints that may restrict your time: | |

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| **Rank your skill level:** |  |  |  |  |  |
|  | Low |  |  |  | High |
| Problem Solving | 1 | 2 | 3 | 4 | 5 |
| Typing / Computer | 1 | 2 | 3 | 4 | 5 |
| Ability to analyze situations | 1 | 2 | 3 | 4 | 5 |
| Writing Skills | 1 | 2 | 3 | 4 | 5 |
| Self-Motivation | 1 | 2 | 3 | 4 | 5 |
| Organization | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |
| Please feel free to elaborate: | | | | | |
| Please list any resources or talents that you have which might be of assistance to CASA, including fluency in any foreign languages: | | | | | |
| **Please answer on an attached sheet** (150 words or less):  **WHY DO YOU WANT TO BE A CASA?** | | | | | |
| ***Please read carefully***  I hereby certify that all statements on this application are true and correct to the best of my knowledge. I understand that by submitting this application, I authorize the CASA program to make annual inquiries concerning my employment, character, police records, and background for the purpose of determining my suitability as a volunteer Court Appointed Special Advocate (CASA). I understand that all of this information will be held in the strictest of confidence.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | |



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| **Please list three references, two personal and one professional, which are NOT related to you. References will be contacted by email and/or mail. Please carefully consider your choices and complete all lines.** |

**REFERENCES**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| REFERENCE | | | | | **RELATIONSHIP:** | | |  |
| **NAME:** | | | |  | | | | |
| **Address:** | | | |  | | | | |
| **Employer:** | |  | | | | **Title:** |  | |
| **Phone:** | **Work:** | |  | | | **Home:** |  | |
| **Email:** | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| REFERENCE | | | | | **RELATIONSHIP:** | | |  |
| **NAME:** | | | |  | | | | |
| **Address:** | | | |  | | | | |
| **Employer:** | |  | | | | **Title:** |  | |
| **Phone:** | **Work:** | |  | | | **Home:** |  | |
| **Email:** | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| REFERENCE | | | | | **RELATIONSHIP:** | | |  |
| **NAME:** | | | |  | | | | |
| **Address:** | | | |  | | | | |
| **Employer:** | |  | | | | **Title:** |  | |
| **Phone:** | **Work:** | |  | | | **Home:** |  | |
| **Email:** | | | | | | | | |

**EMERGENCY CONTACT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EMERGENCY CONTACT | | **RELATIONSHIP:** | |  |
| **NAME:** |  | | | |
| **Mailing Address:** |  | | | |
| **Home Phone:** |  | | **Cell:** |  |
| **Email:** |  | | | |

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| --- | --- | --- | --- | --- |
| EMERGENCY CONTACT | | **RELATIONSHIP:** | |  |
| **NAME:** |  | | | |
| **Mailing Address:** |  | | | |
| **Home Phone:** |  | | **Cell:** |  |
| **Email:** |  | | | |

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| --- | --- | --- | --- | --- |
| EMERGENCY CONTACT | | **RELATIONSHIP:** | |  |
| **NAME:** |  | | | |
| **Mailing Address:** |  | | | |
| **Home Phone:** |  | | **Cell:** |  |
| **Email:** |  | | | |



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| **The following information is requested solely for demographic purposes and will be utilized exclusively for planning, recruitment and training by the CASA program. It will not be distributed, exchanged, or sold to other individuals or organizations.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ETHNICITY *(Check One)* | | |  | |
| **□ African American** | **□ Hispanic/Latino** | **□ Caucasian** | | **□ Arab/Middle Eastern** |
| **□ Native American** | **□ Asian/Pacific Islander** | **□ Multi-racial** | | **□ Other:** |
| ANNUAL INCOME | | |  | |
| **□ Below $20,000** | **□ 20,000 – 30,000** | **□ 20,000 – 30,000** | | **□ $41,000 - 50,000** |
| **□ 51,000 – 60,000** | **□ 60,000 +** |  | |  |

**Please include a copy of your current driver’s license as well as your car insurance with your application. Please return your completed application to:**



CASA of the Eastern Sierra

P.O. Box 697

Bishop, CA 93515

Ph: 760-873-8442 • fax: 760-873-8104

*A program of Wild Iris Family Counseling & Crisis Center*

Thank you