



# CASA of the Eastern Sierra Volunteer Application

<b>APPLICANT</b>	<b>SSN #:</b>	<b>DATE:</b>	
<b>FULL NAME:</b>			
<b>Maiden Name</b>			
<b>Address:</b>			
<b>Email:</b>		<b>DOB:</b>	
<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Work Phone:</b>		<b>Fax:</b>	
Do you have an answering machine/voice mail? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have access to a computer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Drivers License No:</b>		<b>State Issued:</b>	
<b>Expiration Date:</b>		<b>Restrictions:</b>	
Do you have auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Insurance Carrier:</b>			
<b>Policy #:</b>		<b>Expiration:</b>	
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:			

<b>EMPLOYMENT</b> (Most recent to oldest)	<b>May we contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Current Employment Status:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Student <input type="checkbox"/> Not employed <input type="checkbox"/> Retired	
<b>EMPLOYER:</b>	
<b>ADDRESS:</b>	
<b>POSITION:</b>	<b>PHONE:</b>
<b>SUPERVISOR:</b>	<b>TITLE:</b>
<b>STATUS:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem	<b>LENGTH OF EMPLOYMENT:</b>
<b>Employer</b>	<b>May we contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>EMPLOYER:</b>	
<b>ADDRESS:</b>	
<b>POSITION:</b>	<b>PHONE:</b>
<b>SUPERVISOR:</b>	<b>TITLE:</b>
<b>STATUS:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem	<b>LENGTH OF EMPLOYMENT:</b>
<b>Employer</b>	<b>May we contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>EMPLOYER:</b>	
<b>ADDRESS:</b>	
<b>POSITION:</b>	<b>PHONE:</b>
<b>SUPERVISOR:</b>	<b>TITLE:</b>
<b>STATUS:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem	<b>LENGTH OF EMPLOYMENT:</b>

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



# CASA BACKGROUND

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Have you ever been sentenced to or served time in any prison, jail or other correctional facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Do you have any criminal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered "yes" to any of the previous questions, please describe the offense below:			
<b>Date of Offense</b>	<b>Age at the time</b>	<b>Charge</b>	<b>City/State</b>
Have you ever been the subject of, or been involved with any child protection proceedings, investigations, actions, or claims in the child welfare system? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain:			
Have you had any personal experience with the following: <i>(check all that apply)</i>			
<input type="checkbox"/> Child Welfare		<input type="checkbox"/> Foster Care	
<input type="checkbox"/> Juvenile Court System		<input type="checkbox"/> Other Child Related Agencies	
What is your experience working with children?			
Are you presently or have you ever been a foster or adoptive parent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			

Please list your previous addresses for the last **five** years:

ADDRESS	CITY	STATE	DATES

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:

**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



# REFERENCES

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.

<b>REFERENCE</b>		<b>RELATIONSHIP:</b>	
<b>NAME:</b>			
<b>Address:</b>			
<b>Employer:</b>		<b>Title:</b>	
<b>Phone:</b>	<b>Work:</b>	<b>Home:</b>	
<b>Email:</b>			

<b>REFERENCE</b>		<b>RELATIONSHIP:</b>	
<b>NAME:</b>			
<b>Address:</b>			
<b>Employer:</b>		<b>Title:</b>	
<b>Phone:</b>	<b>Work:</b>	<b>Home:</b>	
<b>Email:</b>			

<b>REFERENCE</b>		<b>RELATIONSHIP:</b>	
<b>NAME:</b>			
<b>Address:</b>			
<b>Employer:</b>		<b>Title:</b>	
<b>Phone:</b>	<b>Work:</b>	<b>Home:</b>	
<b>Email:</b>			

# EMERGENCY CONTACT INFORMATION

<b>EMERGENCY CONTACT</b>		<b>RELATIONSHIP:</b>	
<b>NAME:</b>			
<b>Mailing Address:</b>			
<b>Home Phone:</b>		<b>Cell:</b>	
<b>Email:</b>			

<b>EMERGENCY CONTACT</b>		<b>RELATIONSHIP:</b>	
<b>NAME:</b>			
<b>Mailing Address:</b>			
<b>Home Phone:</b>		<b>Cell:</b>	
<b>Email:</b>			

<b>EMERGENCY CONTACT</b>		<b>RELATIONSHIP:</b>	
<b>NAME:</b>			
<b>Mailing Address:</b>			
<b>Home Phone:</b>		<b>Cell:</b>	
<b>Email:</b>			



**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)*

- |   |   |                                       |  |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino        | <input type="checkbox"/> Caucasian    | <input type="checkbox"/> Arab/Middle Eastern |
| <input type="checkbox"/> Native American  | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multi-racial | <input type="checkbox"/> Other:              |

**ANNUAL INCOME**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Below \$20,000  | <input type="checkbox"/> 20,000 – 30,000 | <input type="checkbox"/> 20,000 – 30,000 | <input type="checkbox"/> \$41,000 - 50,000 |
| <input type="checkbox"/> 51,000 – 60,000 | <input type="checkbox"/> 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*