



**P.O. Box 1418  
Kenwood, CA 95452  
Phone: 707 565-6375 Fax: 707 565-6379**

### **Volunteer Application Form**

Thank you for your interest in the welfare of the children of our county.

Please Type or Print

\_\_\_\_\_  
Name (Last) (First) (Middle)

\_\_\_\_\_  
AKA (Maiden Names, etc.) Social Security Number Date of Birth

\_\_\_\_\_  
Address (Street) (City) (Zip)

\_\_\_\_\_  
How long in California? Ethnic Background Foreign Languages

\_\_\_\_\_  
Home Phone Work Phone Cell Phone E-Mail and Website

\_\_\_\_\_  
**Emergency Contact** Name/Relationship Phone/Contact Number

\_\_\_\_\_  
Your occupation/employer Are you retired?

\_\_\_\_\_  
Employer Address (Street) (City) (Zip) (Email/Website)

\_\_\_\_\_  
How long? Description of Work

\_\_\_\_\_  
Hours Worked Days Off

\_\_\_\_\_  
Education or Special Training

\_\_\_\_\_  
Service Groups, Professional Memberships

Please list employment for the last ten years or attach a resume if available.

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Please list any experiences, hobbies, skills, recreational activities, or skills meaningful to youth.

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\_\_\_\_\_  
Driver's License Number                      Issuing State                      Expiration Date

\_\_\_\_\_  
Do you have access to a car?                      Insurance Provider (Please provide a copy of coverage)

Have you ever been convicted on any criminal charges?                      Yes                      No

If yes, give details in the space provided below. List all cases without exception (use the back if needed.)

Date of Offense                      Age Then                      Charge                      City/State                      Disposition

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Please list the names of those who will provide Letters of Recommendation.

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List three local references (exclude those who are providing Letters of Recommendation.) These individuals may, or may not be contacted.

Name                      Address (with Zip)                      Phone                      Relationship

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Have you had any previous personal work or volunteer experiences that you feel are appropriate to share with the CASA program?

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Have you had any previous exposure to children who have been abused?

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How do you feel about people who abuse children?

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What do you see as your strengths in becoming a friend of an abused child?

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What do you see as your weaknesses in becoming a friend of an abused child?

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Please list any computer, office support, or internet skills you may have (i.e. Word Processing, software programs you are familiar with etc.)

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Do you have a profile or personal web page on any social networking websites such as: Facebook, Hi5, My Space, Twitter, Yahoo, Classmates, or other? Please list all. \_\_\_\_\_

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*Please note that if you do have personal website or my spaces you may reference the CASA program but may not make any mention of CASA youth once you are assigned. Thank you*

Would you be interested in helping out in the office?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Do you have any public speaking experience?

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Please provide CASA with a (required) summary of your motives and reasons for wanting to become a child advocate.

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I declare under penalty of perjury that the information I have provided in this application is, to the best of my knowledge, true and correct.

I understand that to become a CASA volunteer I will be required to complete a 32-38 hour training program that will include court room and sight observations and case review sessions. I understand that 12 additional hours of continuing education will be conducted a year to refine and update my skills. I understand that CASA is a private nonprofit organization and that from time to time I might be called upon to help out in community activities and fundraisers. I will be asked to make at least a two year commitment and in some cases longer depending on the case I am assigned to. At the completion of the training I will become a sworn officer of the court and be assigned to a dependent or ward of the juvenile court system of Sonoma County.

I understand that by submitting this application, I am authorizing inquiries to be made concerning my suitability as a volunteer. This will include DMV, either a DOJ or FBI (if you have lived in California for less than one year) check for any past criminal record including child protective services and sex offences. I concur that the CASA program may conduct this investigation. The information requested in this application and such as may otherwise be obtained will be used only for the purpose of determining suitability as a volunteer.

I understand that the CASA program rejects any applicant who is unwilling to submit to the required screening procedures, and 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 the CASA program's credibility. I furthermore agree to keep the program apprised of any status changes in my driver's record or legal circumstances after having been accepted as a CASA Volunteer. Although there maybe circumstance that include rehabilitation or issues that need explanation, the Executive Director will take these considerations into account and make all final determinations. All information will be held in confidence. All applicants will be treated with dignity, respect and if appropriate referred to the volunteer services center for alternative opportunities

Criteria used in the selection of volunteers will be such as to ensure that the individual is able to meet the responsibilities of the Court Appointed Special Advocate (CASA). No individual will be rejected because of race, color, religious creed, national origin, sex, age, marital status, or disability.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please also submit a current photograph of yourself and a copy of your Driver License/ID Record with your application. CASA has forms available for the DMV if you would like to mail in your request. You may also make an appointment at your local DMV office and pick up a copy in person.

Thank you.

**It will be most helpful to CASA if you would please be prepared to bring the following documents to the first evening/day of training. You may also provide them to the office prior to the beginning of the training session.**

- 1. Completed Application, signed and therefore allowing us to start the screening process via the child abuse registry, DMV, DOJ/FBI.**
- 2. Copy of your current Driver License**
- 3. Copy of a current proof of Auto Insurance**
- 4. A recent photo of yourself that we may keep on file**
- 5. A recently issued copy of your Driver Record**  
**(We suggest making an appointment at your local DMV office and picking up document in person. If you request it through the mail it takes a very long time to get it. The DMV will charge you a fee of \$5.00.)**