

CASA of San Benito County
Court Appointed Special Advocates
Volunteer Advocate Application

Date: _____

Personal Information:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Date of birth: _____

Place of birth: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email address: _____

Non-English language skills: _____

Do you have personal transportation? Yes No

Driver's license number: _____

Driver's license state: _____

Automobile insurance provider: _____

Medical/Health History:

Do you have any medical issues which might affect your capacity to serve as an advocate (e.g. limitations on driving a car; energy levels or scheduling conflicts due to treatments) or mental health diagnosis?

Do you take any medications which might affect your capacity to drive? Yes No

If yes, please specify: _____

Are you currently receiving psychological/psychiatric treatment? Yes No

If yes, may we contact your therapist? Yes No

Name: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

Emergency Contact:

Name: _____ Relationship: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Email address: _____
Address: _____
City: _____ State: _____ Zip: _____

Educational Background:

Highest Level of Education Completed:
 High School Community College Technical/Trade School College/University
 Graduate School Post Graduate
Degree Earned: _____ Major/Minor: _____
Name of Institution: _____
Address: _____
City: _____ State: _____ Zip: _____
Other specialized training: _____

Employment History:

Are you currently employed? Yes No
Occupation: _____
Current/most recent employer: _____
Dates of Employment: _____
Address: _____
City: _____ State: _____ Zip: _____
Briefly describe scope of your responsibilities:

Legal History:

Have you ever been arrested, charged, or identified as a person of interest in a criminal matter?

Yes No

If yes, describe the circumstances and list any charges filed:

What was the disposition/outcome?

Date of arrest:

City/State of Arrest:

Are you on probation/parole or under court supervision now or within the last 5 years?

Yes No

If current, what is the anticipated termination date?

Do you have any outstanding warrants against you?

Yes No

If yes, please provide specifics:

Do you have any history that may be raised by reference checks or criminal background checks?

Have you had **any** previous involvement with the legal/court system, as a child or as an adult?

Any applicant found to be 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 CASA's program credibility automatically disqualifies for our program.

Volunteer History: Please describe your previous volunteer/community experience including your duties, responsibilities, and likes/dislikes about the experience.

May we contact someone for a reference? Yes No ; if so, please provide information on the following page:

| | | |
|----------|--------|------|
| Name: | Phone: | |
| Address: | Email: | |
| City: | State: | Zip: |

Please answer the following questions using additional paper if necessary. For an application to be considered, all questions must be answered completely, providing examples when appropriate.

How did you learn about CASA and why are you interested in pursuing this program?

What is your understanding of the role a CASA volunteer plays?

What expectations do you have about your potential involvement in the CASA program?

What concerns/worries/questions do you have about being a CASA volunteer?

Do you have any previous experience working with abusive adults or abused children?

Have you experienced any recent life changes that could affect your involvement with CASA?

References:

Please list names, mailing addresses and telephone numbers of FIVE references whom we may contact. These may be friends, co-workers, employers, teachers, etc. No relatives please.

Note: We must have a COMPLETE mailing address (name, street address, city, state and zip) before we can process your references. Please make sure you give complete and legible information. Thank you.

1) _____ (____) _____
Name Phone Relationship

Street Address City State Zip

2) _____ (____) _____
Name Phone Relationship

Street Address City State Zip

3) _____ (____) _____
Name Phone Relationship

Street Address City State Zip

4) _____ (____) _____
Name Phone Relationship

Street Address City State Zip

5) _____ (____) _____
Name Phone Relationship

Street Address City State Zip

Program Compliance Requirements:

- ❖ **References:** Volunteers are required to have on record **three** non-relative references using the designated form. Note, references must be submitted directly from the individual providing the reference, not through the volunteer requesting it. _____(Initials)
- ❖ I understand that information regarding all cases is confidential and will not be discussed outside the agency. I understand that **any** breach in confidentiality will result in termination from the program. _____(Initials)
- ❖ I agree to notify the CASA Program Manager within 24 hours of any contact with law enforcement (except for minor traffic violations such as parking or speeding tickets), any new criminal or civil charges, or any accusations of child maltreatment (whether true or not). In addition, I agree to notify the Program Manager of the outcome of such investigation and provide requested documentation. I understand that, at the discretion of CASA of San Benito County, it may be necessary to temporarily suspend current advocacy activities until such charges are cleared and failure to report charges would result in immediate dismissal from the program. _____ (Initials)
- ❖ I understand that after successfully completing my training I will be expected to serve a minimum of eighteen months and always uphold the terms of my service agreement. If unforeseen circumstances prevent me from fulfilling this contract, I will give the Executive Director advanced notice and submit a written resignation and create a plan for communicating this change with my appointed CASA child. _____ (Initials)
- ❖ I agree to maintain current automobile insurance coverage and current driver's license and will provide up-to-date documentation to CASA of San Benito County. I understand that failure to do so prohibit me from transporting my CASA appointed child. _____(Initials)
- ❖ All information provided in this application is true and accurate at the time submitted.

Applicant Signature

Date

Please submit completed application attention to
CASA of San Benito County
829 San Benito Street, Suite 200, Hollister, CA 95023
Fax: 831-637-5278 Email: esther@casasanbenito.org