

**CASA of San Benito County
Volunteer 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?

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 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:

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:

Previous volunteer/community experience: (Please describe your duties, responsibilities, and likes/dislikes about the experience.)

May we contact someone for a reference? Yes No

Name:

Phone:

Address:

Email:

City:

State:

Zip:

Please answer the following questions. Use additional paper if necessary.

How did you hear about CASA?

What do you know about the CASA program?

What do you believe volunteering as a CASA entails?

Why are you interested in becoming a CASA?

What are your expectations about being a CASA?

Have you ever been involved with any court system as a child?

Have any members of your family ever been involved with any court system as a child?

Have you ever been directly involved in a court proceeding in this or any other state?

References:

On the next page, please provide the contact information for five references whom we may contact. These may be friends, co-workers, etc. Please do NOT include relatives.

1) Name:

Relationship:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

2) Name:

Relationship:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

3) Name:

Relationship:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

4) Name:

Relationship:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

5) Name:

Relationship:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

Program Compliance Requirements:

- ❖ 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. 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 mail your completed application attention to Program Manager, Esther Curtice:

CASA of San Benito County

829 San Benito St., Ste. 200 | Hollister, CA 95023

or fax your completed *paper* application to:

831-637-5278

or email your completed *electronic* application to at **esther@casasanbenito.org**