



Volunteer Application

CASA of Sangamon County is committed to the provisions of Equal Employment Opportunity and Affirmative Action to all applicants regardless of race, color, religion, ancestry, age, sex, marital or veterans' status, national origin, disability or any other legally protected status.

Last Name _____ First Name _____ Middle _____

Home address _____ Apt. _____

City _____ State _____ Zip _____

County _____ Social Security # _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Fax # _____

E-mail Address _____

Previous Address _____

Gender: Female Male Date of Birth: _____

Employment Status: Full time Part time Student Not Employed Retired

Place of Employment _____

Position _____ May you be contacted at work? Yes No

Emergency Phone # _____ Emergency Contact _____

Marital Status _____ Spouse's Name _____

Spouse's Occupation _____ Phone Number _____

Do you have children? Yes No If so, what are their ages? _____

Ethnicity:

- African-American
- Asian-American
- Caucasian
- Latino
- Native American
- Other
- Unknown

Formal Education (Highest year of school completed):

- Some High School
- GED
- High School
- Some College
- College
- Post-Graduate
- Other

Major _____ **Degree** _____

What is your primary Language? English Spanish Signing French

Other _____

Do you speak another/secondary Language? French Signing Spanish

Other _____

Referred by:

- Flier
- Friend
- Internet
- Local newspaper
- Local radio

National media Agency, please name _____

Other, please describe _____

Do you drive? Yes No

Do you have regular access to a car? Yes No

Driver's License Number _____ **State Issued** _____

Have you ever been arrested? Yes No

If yes, on what charge? _____

Have you ever been convicted of a charge, including sex-related or child-abuse related offenses?

Yes No

If yes, on what charge and date? _____

Can you think of any reason why a judge might be reluctant for you to serve as a CASA Volunteer?

Yes No **If yes, then why?** _____

Are you prepared to complete 30 hours of pre-service training; and a minimum of 12 hours per year of in-service training? Yes No

Does your schedule permit you to attend meetings, court hearings or foster care reviews during the work day? Yes No

CASA of Sangamon County will not accept into the program individuals who have been convicted of any criminal act or who have been adjudicated in Juvenile Court to have abused or neglected a child. This is inclusive of, but not limited to, any sexual offense, abuse, neglect, or related acts that would pose risks to children or the CASA program's credibility.

Do you have training or experience in any of the following?

- | | | |
|---------------------------------------|---|---|
| <input type="radio"/> Medicine | <input type="radio"/> Drug or Alcohol Abuse Programs | <input type="radio"/> Counseling |
| <input type="radio"/> Psychology | <input type="radio"/> Child Welfare | <input type="radio"/> Child Development |
| <input type="radio"/> Child Care | <input type="radio"/> Criminology | <input type="radio"/> Social Work |
| <input type="radio"/> Education | <input type="radio"/> Advertising or Public Relations | <input type="radio"/> Law Enforcement |
| <input type="radio"/> News Media | <input type="radio"/> Art or Graphic Design | <input type="radio"/> Writing |
| <input type="radio"/> Public Speaking | <input type="radio"/> Mental Health | <input type="radio"/> Fundraising |

List your community activities and memberships in clubs, religious and professional groups, and other organizations. Please include previous volunteering experiences:

Hobbies/Special Interests:

Please describe any personal or professional experiences you have had which involved child abuse or neglect, the Department of Children and Family Services, the Juvenile Court system, foster care, or other agencies offering services to children:

Write a brief statement why you would like to work with the CASA program at this time in your life. (*Use additional paper and submit with application*)

PERSONAL REFERENCES:

All three references must be from someone other than a friend or family member. (For example: teacher, therapist, or employer, if they know you well.) Please list the three people you intend to send reference letters to, enclosed in your packet are three letters and three envelopes. Provide these letters and envelopes to the three people you have listed here, and have them return the completed form to us via the provided envelope. (PLEASE PRINT)

1. Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Relationship _____

2. Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Relationship _____

3. Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Relationship _____

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize CASA of Sangamon County and any law enforcement agency they authorize, to investigate my background to determine my fitness as a potential volunteer.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA volunteer. Further, I will understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of 18 months in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program director with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a CASA volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of the CASA program and their desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

I authorize CASA of Sangamon County, to use, reproduce, and/or publish photographs and/or video that may pertain to me – including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on the organization’s Internet Web Page and/or social media pages. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, CASA of Sangamon County may publish materials, use my name, photograph, and/or make reference to me in any manner that the organization deems appropriate in order to promote/publicize service opportunities.

Name (Please Print) _____ Date _____

Signature _____



Authority to Release Information

To Whom It May Concern:

I hereby authorize CASA of Sangamon County to conduct an investigation of my background in conjunction with the program guidelines.

I authorize CASA of Sangamon County to conduct a search of the ISP, FBI national criminal history record data bases, the National Sex Offender Registry and Social Security checks. In addition, I specifically authorize the release of any criminal history record information that may exist from any agency, organization, institution, or entity having such information on file. I further authorize any Sangamon County law enforcement agency and the Department of Children and Family Services to conduct a criminal records background check and to release the result of said criminal records background check to CASA of Sangamon County.

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use of Court Appointed Special Advocates of Sangamon County.

I have read the above waiver and release statement, and fully understand what rights I am waiving by signing this document. Refusal to sign the Release of Information or to submit the required information or fingerprints for any of the checks required, the Sangamon County CASA program will reject this application.

Name (Please Print) _____

Signature _____ Date _____

Previous Names _____
(Maiden, etc.)

SS# _____ Date of Birth _____ Sex _____ Race _____

Current Address _____

Previous Address(es) for the past 5 years _____

