

COURT APPOINTED SPECIAL ADVOCATES OF THE DISTRICT OF COLUMBIA

VOLUNTEER APPLICATION FORM (PART I)

(Please Print or Type)

NAB
FTC
SM

Personal Information

Name *(Last, First, Middle)* _____

Street/Apt/City/State/Zip _____

Social Security No. _____

Home Phone: _____ Work Phone: _____ Ext: _____

Fax: _____ Pager: _____

Mobile: _____ E-mail: _____

Emergency Phone: _____

Emergency Contact: _____

Volunteer Demographics

Gender: _____ D.O.B.: _____ Ethnicity: _____

Education (highest level): _____

Primary Language: _____

Secondary Language(s): _____

Disabilities: _____

How long have you lived in Washington, DC? _____

Place of Birth: _____ Marital Status: _____

Do you drive? Yes No Do you have an automobile available to you? Yes No

Vehicle Insurance carrier/number: _____

Are you presently enrolled in school? Yes No

If yes, name of school and course of study: _____

Employment Information

Place of Employment: _____

Status (Full-time or Part-time): _____

Position: _____

Brief Description of Work: _____

Supervisor's Name: _____

Work Address: _____

Work Hours _____

Work Fax: _____ Work e-mail: _____

May you be called at work? Yes No

Volunteer commitment and experience

Current community activities: _____

Previous volunteer activities: _____

How did you learn about the CASA program? _____

As a CASA volunteer you will be required to attend court hearings for the children you represent. Will you be able to arrange your schedule to attend these hearings? Yes No

Are you willing to commit to one year of volunteer services? Yes No

Have you had any personal experience(s) involving:

- Child Welfare
- Foster Care
- Court System
- Other agencies offering services to a child

If so, please explain: _____

Background Information

Have you ever been arrested for a crime? Yes No

If yes, what charge? _____

Date of Arrest: _____ Where? _____

Were you convicted? _____ What was the final disposition? _____

Do you consent to a routine check of your criminal records? _____

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

References

Please list the names of three references, other than relatives. Two of you references should be from supervisors you have previously worked for or are currently working with, as a paid employee or volunteer. Please read and send the enclosed reference form to our references for them to complete and return to the CASA of DC office.

1. Name _____
Company and Address _____
City, State, Zip Code _____
Phone _____
Relationship _____

2. Name _____
Company and Address _____
City, State, Zip Code _____
Phone _____
Relationship _____

3. Name _____
 Company and Address _____
 City, State, Zip Code _____
 Phone _____
 Relationship _____

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the CASA Program of DC 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 suitability as a CASA volunteer. Further, I understand that after the successful completion of my training, I will be expected to serve a minimum of one year 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.

Criteria used in the selection of volunteers will be used solely to insure that the individual is able to meet the responsibilities of a CASA. No individual will be rejected because of race, color, religion, creed, national origin, gender, age (if 21 or older), or marital status. Any applicant 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 programs credibility will not be invited to volunteer with CASA for Children of DC.

Name (please print): _____

Signature: _____ Date: _____

PART TWO

Please answer the following questions in paragraph form on a separate piece of paper.

1. Write a short summary about your interest in volunteering and how you hope to benefit from this volunteer experience.
2. Briefly explain what led to your decision to apply for a position in the CASA program.
3. Briefly explain your philosophy of parenting, including the rights and responsibilities of both parents and children.
4. Briefly explain what role you believe society should play in:
 - (a) protecting the rights of children
 - (b) helping a family overcome hardships and remain living together as one unit
5. Please attach a current resume if you have one.

PLEASE RETURN YOUR COMPLETED APPLICATION AND ESSAYS TO:

CASA of the District of Columbia
 919 18th Street, NW, Suite 510
 Washington, DC 20012
 202-887-0007/202-887-0010(f)
 www.casadc.org

4. Check as many of the following that describe the applicant:

- | | | | | |
|--------------------------------------|----------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Domineering | <input type="checkbox"/> Nervous | <input type="checkbox"/> Friendly | <input type="checkbox"/> Assertive | <input type="checkbox"/> Tactful |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Happy | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Considerate | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Reserved | <input type="checkbox"/> Moody | <input type="checkbox"/> Opinionated | <input type="checkbox"/> Follower | <input type="checkbox"/> Well-adjusted |
| <input type="checkbox"/> Arrogant | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Confident | <input type="checkbox"/> Lacks Confidence |

5. Would applicant have problems working with any of the following:

Racial minorities Females Males Handicapped Various religious preferences

Explain: _____

6. How well does the applicant finish projects and activities?

Very well Well Average Fair Poor

7. To your knowledge, has the applicant ever had a problem with substance abuse?

8. Do you feel that the applicant is in a position to make a year-long commitment to a child?

9. Are you comfortable recommending this person as a Court Appointed Special Advocate to a child?

Please use the space below to add any additional comments summarizing your view of the applicant and their ability to work on behalf of an abused or neglected child.

Signature

Date

Please return form to:

Attn: Training Coordinator
CASA of the District of Columbia
919 18th Street, NW, Suite 510
Washington, DC 20006
202-887-0007/202-887-0010(f)
www.casadc.org