



COMPLETE AND BRING TO INTERVIEW

COMPLETION DOES NOT GUARANTEE ACCEPTANCE INTO TRAINING

CASA VOLUNTEER APPLICATION

CASA of Jackson County, 613 Market St., Medford OR 97504 (541) 734-2272

Date _____

Name: _____
(Last) (First) (Middle) (Name you like to be called)

Address: _____
(Street and/or PO Box) (City) (Zip)

Phone _____ Work _____ Cell/Message _____
Can you be phoned at work? Yes / No

Email: _____ Date of Birth _____ Place of Birth _____

Driver's License # _____ State _____

Single Married Divorced Widowed Separated Partner name: _____

Emergency Contact: Name _____ Phone Number _____

List all other complete aliases you have used: _____

Applicant Ethnicity _____ Number of Children _____ Ages & Sex _____

How long have you lived in this area? _____ Do you have a vehicle or means of transportation? _____

How did you hear about CASA? _____

Have you worked with children or young people before? _____ If yes, please give details: _____

What other languages do you speak? _____ Hobbies/Interests _____

What are your personal strengths and weaknesses? _____

Have you worked with other volunteer programs? Describe. _____

EDUCATIONAL BACKGROUND

Please list any schools or special training received (attach additional sheets if needed).
High school or GED completion year: _____

<u>Place</u>	<u>Date</u>	<u>Type</u>	<u>Certificate or Degree</u>

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Criminology | <input type="checkbox"/> Child Development |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Child Welfare |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Advertising or Public Relations | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Drug or Alcohol Abuse Programs | <input type="checkbox"/> Media | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Education | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Writing |

Have you had any personal experience(s) involving:

- | | | |
|--|---|---|
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Other agencies offering services to children |
| <input type="checkbox"/> Court System | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Adoption |

If so, please explain: _____

WORK EXPERIENCE

Beginning with your present job, describe your work experience for at least the past three years. (If needed attach additional sheet) If retired, please list last employer.

Present Employer _____ Address _____

Your Job Title/Position _____ Supervisor's Name _____

Duties _____ Length of Employment _____

Previous Employer _____ Address _____

Your Job Title/Position _____ Supervisor's Name _____

Duties _____ Length of Employment _____

As a CASA volunteer you will be asked to attend court hearings and meetings for the children you represent during business hours of 8:00 am to 5:00 pm.

Will you be able to arrange your schedule to attend these hearings and meetings? _____

Are you willing to commit to at least two years of volunteer service? _____

PERSONAL ESSAY

Why do you want to be a CASA Volunteer and what are the benefits for both yourself and the children:

PERSONAL HISTORY

Have you ever been arrested, accused or convicted of a crime? _____ If yes please complete:

Date: _____ Charge: _____ Outcome: _____

_____ City: _____ County: _____ State: _____

Date: _____ Charge: _____ Outcome: _____

_____ City: _____ County: _____ State: _____

Date: _____ Charge: _____ Outcome: _____

_____ City: _____ County: _____ State: _____

(please complete the above section entirely and attach a separate page if necessary)

Do you or any family member presently have any court action pending? _____

If yes, please explain _____

Have you ever been involved with the Dept. of Child Welfare for abuse and/or neglect? _____

If yes, please explain _____

Do you have personal experience with child abuse or neglect? _____ If yes, what have you done to recover

from it? _____

AFFIRMATION AND RELEASE

I, _____, hereby affirm that all of the answers provided on my volunteer application are true. I hereby authorize the CASA of Jackson County, Inc. to investigate my background to determine my suitability as a potential volunteer.

I hereby authorize the Department of Human Services Child Welfare, Police Entities, and other background check organizations to investigate and obtain any and all information concerning my child welfare, criminal, and driving record and I hereby release all persons, whosoever, from any charge due to furnishing said information.

I hereby waive any right that I may have now or in the future to review any letter of reference submitted by the below listed people. I understand that, once signed the agreement is irrevocable.

Signature: _____ Date: _____

Witness: _____ Date: _____

References: Professional, Personal, and Volunteer
(Please list at least 3 with complete addresses and email; {no family members})

1. _____
Name Mr/Ms/Mrs Address City/State/Zip Code

_____ Email Address Phone

2. _____
Name Mr/Ms/Mrs Address City/State/Zip Code

_____ Email Address Phone

3. _____
Name Mr/Ms/Mrs Address City/State/Zip Code

_____ Email Address Phone

4. _____
Name Mr/Ms/Mrs Address City/State/Zip Code

_____ Email Address Phone

5. _____
Name Mr/Ms/Mrs Address City/State/Zip Code

_____ Email Address Phone

6. _____

Name Mr/Ms/Mrs

Address

City/State/Zip Code

Email Address

Phone