



# NVCSS CASA

A Program of Northern Valley Catholic Social Service, serving Butte, Glenn, Shasta & Tehama Counties.

## VOLUNTEER APPLICATION

Date: \_\_\_\_\_ How did you hear about our program? \_\_\_\_\_

County of Interest: \_\_\_ Butte \_\_\_ Glenn \_\_\_ Shasta \_\_\_ Tehama

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### ***Personal Information:***

Legal name: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Birth Date: \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_  
(Please indicate if it is NOT all right to call)

Email: \_\_\_\_\_

Specify non-English language abilities: \_\_\_\_\_

Personal transportation available? (yes/no) \_\_\_\_\_ Auto Insurance Carrier: \_\_\_\_\_

Are you currently receiving psychological/psychiatric therapy? (yes/no) \_\_\_\_\_

If so, may we have permission to contact your therapist? (yes/no) \_\_\_\_\_

Therapist's Name \_\_\_\_\_ Phone # \_\_\_\_\_

*(Any disclosure will be kept in the strictest confidence)*

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### ***Emergency Contact:***

Emergency Notification: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip \_\_\_\_\_ Phone: \_\_\_\_\_

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### ***Employment History:***

Current/most recent employment: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Other significant work experience: \_\_\_\_\_

**Volunteer History:**

Previous volunteer experience: Please describe duties, responsibilities or work with children. What were your specific likes/dislikes? Name of contact person (if available).

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**Educational Background:**

High School graduate? \_\_\_\_\_ Name & location: \_\_\_\_\_

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College ( <i>Name &amp; location</i> )	Diploma/Degree	Major/Subjects
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College ( <i>Name &amp; location</i> )	Diploma/Degree	Major/Subjects
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Special Training

**Special Skills/Interests:**

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**References:**

Please give us complete information on each of **3** references whom we may contact on your behalf. They may be friends, coworkers, employers, teachers, etc. **No relatives please.**

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

*Please let your reference people know that we will be contacting them soon.*

**Background Information:**

**Please Note: Anyone with charges pending or conviction of a felony or misdemeanor involving a sexual offense, child abuse or child neglect cannot be considered as a potential CASA volunteer.**

- A. Have you ever been:
  - 1. Arrested for a crime against a child? Yes \_\_\_ No \_\_\_
  - 2. Arrested for a violent felony? Yes \_\_\_ No \_\_\_
  - 3. Arrested for a sex crime? Yes \_\_\_ No \_\_\_
  
- B. If you have answered “Yes” to any of the above, can you produce a written declaration of a “Finding of Factual Innocence” as described in the California Penal Code, Section 851.8 et. seq. ?  
Yes \_\_\_ No \_\_\_
  
- C. Have you been convicted of any crime within the last 5 years of this date (excluding vehicle code infractions, but including vehicular misdemeanors or felonies)? Yes \_\_\_ No \_\_\_
  
- D. Are you currently undergoing prosecution for any crime (excluding vehicle code infractions, but including vehicular misdemeanors or felonies)? Yes \_\_\_ No \_\_\_
  
- E. Have you ever been arrested or convicted of any crime not mentioned above? Yes \_\_\_ No \_\_\_
  
- F. Have you ever been the ... (Please circle each that applies to you)  
**PARENT or SPOUSE/SIGNIFICANT OTHER of the parent of a child who has been:**
  - 1. The subject of a child abuse/neglect/abandonment report by a child protective or law enforcement agency? Yes \_\_\_ No \_\_\_
  - 2. An adjudicated dependent or ward of any juvenile court? Yes \_\_\_ No \_\_\_
  - 3. Placed under informal supervision in any county’s Children’s Social Service agency? Yes \_\_\_ No \_\_\_
  - 4. Placed into out of home care or foster care? Yes \_\_\_ No \_\_\_
  
- G. As a child, were you or any siblings ever the subject of a child abuse report? Yes \_\_\_ No \_\_\_
  
- H. Are you currently paid/reimbursed to provide a service to children and/or parents within the child welfare or juvenile court system? Yes \_\_\_ No \_\_\_
  
- I. Have you ever been a foster parent? Yes \_\_\_ No \_\_\_

**If you have answered “Yes” to any of the above questions, please explain.  
(Attach additional sheets as necessary.)**

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**Medical Information:**

Are you currently being treated for a condition, or taking any medications which might affect your abilities to provide services or meet the qualification requirements of the CASA program? Yes \_\_\_ No \_\_\_

If "Yes", please describe briefly:

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**Data for Case Matching and Statistical Purposes:**

Marital status: Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated \_\_\_

Spouse/Domestic Partner: Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Ages of your own children: \_\_\_\_\_

What type of child might you be most comfortable working with? Male \_\_\_ Female \_\_\_  
(Check all that apply)

Ages **0-5** **6-12** **13-17**

Ethnicity: Hispanic \_\_\_ Caucasian \_\_\_ Asian \_\_\_ Sibling group Yes \_\_\_ No \_\_\_  
African-American \_\_\_ Bi-racial \_\_\_ Developmentally Delayed Yes \_\_\_ No \_\_\_  
Native American \_\_\_ No Preference \_\_\_ Special Education Yes \_\_\_ No \_\_\_  
Special Needs Yes \_\_\_ No \_\_\_

I could work with a child who has experienced sexual abuse or severe physical abuse. Yes \_\_\_ No \_\_\_

**Comments:** \_\_\_\_\_

I, \_\_\_\_\_ hereby affirm that all answers provided on my CASA Volunteer application are true. I hereby authorize CASA of Butte, Glenn, Shasta & Tehama Counties, and any law enforcement agency or Child Protection service it authorizes, to investigate my background to determine my fitness as a potential volunteer. These may include but are not limited to LiveScan/fingerprint check, Department of Justice Report, FBI report, Child Abuse Index, Megan’s Law and a Department of Motor Vehicles history. 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 understand that completion of the CASA training does not guarantee that I will be assigned a case. In the event that I successfully complete the CASA training, have met all other requirements, and it has been determined that I am a suitable CASA volunteer, I understand that I will be expected to serve a **minimum of 1 year** in the CASA program in order that I may provide consistency for my assigned child. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Program Manager with as much advanced notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other materials I will examine in my capacity as a CASA volunteer. I will discuss these matters only with those persons authorized by court order and who are directly involved in the case or who will be consulted for their professional knowledge and expertise in the specific case to which I am assigned. I also understand that I serve “at will” under the auspices of CASA of Butte, Glenn, Shasta & Tehama Counties and the Butte, Glenn, Shasta & Tehama Counties Superior Courts and may be removed from a case or the program at any time.

\_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Date*

## ***Autobiographical Information:***

*Please write an autobiography of one or two pages. Use a separate piece of paper (type or very neat printing, please) and include the following:*

1. Briefly describe your childhood; include your family's strengths and weaknesses.
2. What methods of discipline were used in your family and do you agree/disagree with their effectiveness and why?
3. Describe your experience working with children and how children have been part of your life.
4. What are the strengths and weaknesses you bring to this program?
5. Why do you want to become a CASA volunteer?
6. How do you hope to benefit from this volunteer experience?
7. How will you cope with the inevitable stress of being a CASA to an abused and/ or neglected child?

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

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

### **What would fit your schedule best to attend training?**

*(Understanding that this does not mean the training will be scheduled based on your availability, but the availability of the group as a whole)*

***Monday:*** \_\_\_\_ ***Times:*** \_\_\_\_\_

***Tuesday:*** \_\_\_\_ ***Times:*** \_\_\_\_\_

***Wednesday:*** \_\_\_\_ ***Times:*** \_\_\_\_\_

***Thursday:*** \_\_\_\_ ***Times:*** \_\_\_\_\_

***Friday:*** \_\_\_\_ ***Times:*** \_\_\_\_\_

***Saturday:*** \_\_\_\_ ***Times:*** \_\_\_\_\_

***Thank you for your efforts and your candor. This information will help us to know you better and enable us to support your success as a potential CASA volunteer.***