



Volunteer Application

COURT APPOINTED SPECIAL ADVOCATES OF KERN COUNTY (CASA)

2000 24th Street, Suite 130
Bakersfield CA 93301

Telephone: 661-631-2272 Fax: 661-328-9787

e-mail: kerncasa@kerncasa.org

Web Page: www.kerncasa.org

The information on this form will help us assess your qualifications to serve as a Court Appointed Special Advocate. Please read the questions carefully and complete all sections of the application as thoroughly as possible.

Name _____ Date of Birth _____

Address _____ Home Phone _____

City/State/Zip _____ e-mail address _____

Cell Phone _____

Maiden/Prior Name/AKA _____ SS# _____

Marital Status _____ No. of Children _____ Ages & Gender _____

Spouse's Name _____ Spouse's Occupation _____

Local Emergency Contact _____ Relationship _____

Address _____ City _____ Zip _____ Phone _____

Are you a licensed driver? Yes No Do you have a car available? Yes No

Drivers license # _____ Auto license # _____ State _____

Insurance Company _____ Policy # _____ Exp Date _____

Address _____ Agent _____

How did you become aware of the CASA program? _____

Are you aware that you will be required to complete basic training? _____

Are you willing to participate in ongoing training and court appearances? _____

Can you see yourself visiting with a family in their home, or with an institutionalized child? _____

What do you feel are the strengths that you will bring to this program? _____

ACTIVITIES AND INTERESTS

List community service organizations or clubs to which you belong: _____

List hobbies and special interests: _____

Previous and/or current volunteer activities: _____

EMPLOYMENT INFORMATION

Current Employment Status (circle one) employed unemployed retired homemaker

Name of current employer or previous employer if retired or unemployed _____

Address _____ Work Phone _____

Supervisor _____ Work e-mail _____

May we call and/or e-mail you at work? Yes No

Title and brief description of work _____

Describe any personal or employment constraints that may restrict your availability _____

How long have you been with your current employer? _____

If employed at current job less than six months, who was your former employer? _____

Address of former employer _____ How long were you there? _____

EDUCATIONAL DATA

High School (circle last grade completed) 9 10 11 12

College, Graduate, Post Graduate (circle last grade completed) 13 14 15 16 17 18 19 20 21

Area of study _____ Degree _____

Are you presently attending school? Yes No If yes, where? _____ Area of study _____

Do you have any special skills or licenses? Yes No If yes, please explain/describe _____

FOR CASE MATCHING AND STATISTICAL PURPOSES

Ethnic Background _____	Religious Affiliation _____
Languages Spoken _____	Can you sign for the deaf? _____
Are you willing to work with all ages of children? (Please circle) Yes No I prefer ages: 0-5 6-12 13-17	

Please be aware that CHILDREN ARE FREQUENTLY MOVED. If you have a preference in the county area where you would be willing to accept a case assignment, you may be required to travel to other areas in the county to maintain contact with the child to which you are assigned.

Do you prefer a geographical area? Yes No If yes, please specify _____

Would you be willing to travel to maintain contact? Yes No Possibly

How soon would you be able to accept a case if approved and accepted for this program? _____

BACKGROUND INFORMATION

1. Have you ever been:
- | | | |
|---|-----|----|
| (a) Arrested for a crime against a child? (Please circle) | Yes | No |
| (b) Arrested for a violent felony? | Yes | No |
| (c) Arrested for a sex crime? | Yes | No |
2. Have you been convicted of any crime in the past five years (excluding vehicle code infractions, but including vehicular misdemeanors or felonies)? Yes No
3. Are you currently undergoing prosecution for any crime (excluding vehicle code infractions, but including vehicular misdemeanors and felonies)? Yes No
4. Have you ever been arrested or convicted of a crime not mentioned above? Yes No
5. Are you, or have you ever been, the (circle all that are appropriate): **sibling, household member, parent, significant other or spouse** of a child who has been
- | | | |
|---|-----|----|
| (a) The subject of a report to a Child Protective Agency? | Yes | No |
| (b) An adjudicated dependent of any juvenile court? | Yes | No |
| (c) Placed under informal supervision in any county's children's Social Service Agency? | Yes | No |
6. As a child, were you ever the subject of a child abuse or neglect report? Yes No
7. Are you currently paid or reimbursed to provide a service to children and/or parents within the Child Welfare and/or Juvenile Court System? Yes No
8. Have you had a personal experience involving (check all that apply)
- ___ Child Welfare ___ Foster Care ___ Juvenile Court ___ Other agencies offering service to a child?

If you answered yes to any of the above questions, please explain. _____

Write a brief statement explaining why you have chosen to work in the child advocacy program at this particular time in your life. _____

Would you like to volunteer on a regular basis in the CASA office or help with special events? _____

What skills do you possess that could be useful in the office? _____

REFERENCES

Please list three personal references. One must be an employer or co-worker if employed. Teachers, ministers, volunteer supervisors or similar may be used in place of employer if unemployed. If you are currently seeing a therapist, please include him or her in the box provided. Please do not list relatives. We will be contacting all your references.

- 1. Name _____ Relationship _____
 Address _____ Phone _____
 City/State/Zip _____
- 2. Name _____ Relationship _____
 Address _____ Phone _____
 City/State/Zip _____
- 3. Name _____ Relationship _____
 Address _____ Phone _____
 City/State/Zip _____

THERAPIST	
Name _____	Phone _____
Address _____	
City/State/Zip _____	

- PLEASE RETURN:**
- (1) Application
 - (2) Verification of insurance (copy of first page of insurance policy)
 - (3) "Authority to release information" form

TO: **CASA OF KERN COUNTY
 COURT APPOINTED SPECIAL ADVOCATES
 2000 24th Street, Suite 130
 Bakersfield CA 93301**

Upon receipt of your application you will be contacted for a personal interview.

I certify that the above information is true and correct to the best of my knowledge and belief. I understand and agree that any false statement or omission of material fact will cause my immediate and unconditional dismissal from the Court Appointed Special Advocate program.

Signature **Date**

Office Use Only	
Date application received _____	_____
Date reference letter/questionnaire sent _____	_____