

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 four 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.* All references will be mailed a questionnaire to complete. Application approval is pending receipt of at least three returned 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 _____
4. Name _____ Relationship _____
 Address _____ Phone _____
 City/State/Zip _____

THERAPIST

Name _____ Phone _____

Address _____

City/State/Zip _____

- PLEASE RETURN:**
- (1) Application
 - (2) Verification of insurance (copy of declarations page of insurance policy)
 - (3) "Authority to Release Information" form
 - (4) Copy of driver's license

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** _____