

**CASA of Laramie County Volunteer Advocate Application**

**1. Personal Information**

Name: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last M.I. First Maiden/AKA

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apt./Unit #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

County : ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Family/Household**

Marital Status: ❑ Single ❑ Partnered ❑ Married ❑ Divorced ❑ Widowed ❑ Separated

Name of Partner/Spouse: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Children: ❑ Yes ❑ No

Other members of Household: Name Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Demographic Information**

This demographic information will be used for statistical information purposes only. These questions will not be used to determine the suitability of a volunteer and will be kept confidential.

*Gender*: ❑ Male ❑ Female

*Race/Ethnicity*: ❑ African-American ❑ Asian/Pacific Islander ❑ Caucasian (non-Latino) ❑ Latino

❑ Native American ❑ Multi-Racial ❑ Unknown

*Primary Language*: ❑ English ❑ Spanish ❑ French ❑ Signing (ASL) ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Secondary Language*: ❑ English ❑ Spanish ❑ French ❑ Signing (ASL) ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Referred by*: ❑ Flier ❑ Internet ❑ Newspaper ❑ Radio ❑ Television ❑ Friend

❑ Volunteer Referral Agency ❑ Other: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Employment/Volunteer Information:**

Current Employment Status: ❑ Full-time ❑ Part-time ❑ Not Employed ❑ Retired ❑ Student ❑ Self-Employed

Name of Employer (or previous employer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apt./Unit #

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City State Zip

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we call/email you at work? Y/N

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief description of duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Number of hours worked each week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Normal days off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been with your current employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please List Current and Previous Volunteer Activities

|  |  |  |
| --- | --- | --- |
| Volunteer Agency | Dates | Brief Description of Duties |
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|  |  |  |
|  |  |  |
|  |  |  |

Please attach additional sheets if necessary.

**5. Educational Information**

Circle Highest Completed:

High School: 9 10 11 12 College: 1 2 3 4 5+ Graduate: 1 2 3 4 5+

Areas of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently attending school? Y/N If yes, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Areas of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of hours attending/week: \_\_\_\_\_\_\_\_\_\_\_\_

Do you have any experience in any of the following?

\_\_\_\_Health Care \_\_\_\_Education \_\_\_\_Advertising/Public Relations

\_\_\_\_Mental Health \_\_\_\_Criminology \_\_\_\_Drug/Alcohol Abuse Programs

\_\_\_\_Counseling \_\_\_\_Psychology \_\_\_\_Law/Law Enforcement

\_\_\_\_Child Care \_\_\_\_Writing \_\_\_\_Child Development

\_\_\_\_Child Welfare \_\_\_\_Social Work \_\_\_\_News Media

\_\_\_\_Public Speaking \_\_\_\_Domestic Violence \_\_\_\_Newsletters/Arts/Graphics

**6. Background Information:**

Have you ever had any personal experiences involving:

❑ Child Welfare ❑ Foster Care ❑ Juvenile Court System ❑ Other agencies offering children’s services

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you answer **yes** to any of the following four (4) questions, please attach additional sheets of paper explaining your answers. A **“yes”** answer to any of these questions does not necessarily disqualify you from serving as a CASA volunteer.

1. Have you ever been convicted of a crime in this state or any jurisdiction? Y/N
2. Are you currently undergoing prosecution for any crime? Y/N
3. Are you currently on probation or parole? Y/N
4. Have you or anyone in your family been a victim of abuse or domestic violence? Y/N

Have you ever applied with another organization that works with children? Y/N

Were you accepted? Y/N Name of organization and year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, why not: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied to this CASA program or another CASA program before? Y/N

Were you accepted? Y/N Location and year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, why not: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list three references, not related to you, preferably for whom you have worked in either a paid or volunteer capacity.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you agree to:

1) Commit to at least 10 hours/month as a CASA advocate? Y/N

2) Commit to at least 18 months of service as a CASA advocate? Y/N

3) Participate in continuing education and training meetings ? Y/N

4) Submit to a criminal history background check? Y/N

5) Be a stable and consistent adult in a child’s life? Y/N

**7. Statement of Understanding**

Please initial:

\_\_\_\_ I understand that CASA of Laramie County requires that I complete a personal interview, a criminal history records screen, and a DFS Child Abuse/Neglect Central Registry screen as part of my application process.

\_\_\_\_ I understand that the information requested in this application will be used for determining my suitability of being a CASA volunteer, with the exception of demographic information, and that all information will be kept confidential.

\_\_\_\_ I understand that completion of my application process does not ensure acceptance into the CASA program. I also understand that CASA of Laramie County reserves the right to disqualify any applicant they feel would not be a good match for the program. I further understand that CASA of Laramie County reserves the right to terminate any volunteer’s service for any or no reason at all.

\_\_\_\_ Upon the submission of this application, I agree to comply with all rules, statutes, confidentiality laws, and CASA of Laramie County Advocate Policies and Procedures.

\_\_\_\_ **I understand that any applicant found to have been convicted of or to have current charges pending for a felony or misdemeanor involving a sex offense, child abuse, or child neglect will not be accepted as a CASA volunteer.**

\_\_\_\_ **I understand that failure to submit to a criminal history records screen and/or a DFS Child Abuse/Neglect Central Registry screen will result in the rejection of my application.**

\_\_\_\_ I hereby certify that all statements made on this application are true and correct to the best of my knowledge. I understand that providing false information may result in the rejection of my application.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Please Return to:**  CASA of Laramie County  1616 East 19th Street, Suite 4  Phone: (307) 222-1902  E-mail: [surbanek@casalc.org](about:blank) or  [seichhorn@casa.org](about:blank) |

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**This part to be filled out by CASA**

Background Screen: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Central Registry Screen: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Type: ❑ Advocate ❑ Staff ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Status: ❑ Application Accepted ❑ In Training ❑ Never Trained ❑ Screening Completed

❑ Interview Completed

Date Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interview Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Sworn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_