

# C.A.S.A. OF SAN BERNARDINO COUNTY

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## COURT APPOINTED SPECIAL ADVOCATE (CASA) and EDUCATIONAL ADVOCATES VOLUNTEER APPLICATION



# C.A.S.A. of San Bernardino County

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## Volunteer Application

The information on this application will help us assess your qualification to serve as a volunteer Court Appointed Special Advocate (C.A.S.A) or Educational Advocate. Please carefully complete all sections of the application as thoroughly as possible. C.A.S.A. of San Bernardino County does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

**How did you hear about the C.A.S.A. program?** \_\_\_\_\_

### I. PERSONAL DATA

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Maiden/Prior Names/ Aliases: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Best way to reach you? Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Time of day? \_\_\_\_\_

<b>Emergency Contact</b> _____	<b>Telephone #:</b> _____
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### II. EMPLOYMENT

Current Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ May you be called at work? Y N Work Ph #: \_\_\_\_\_

Title & Brief description of work: \_\_\_\_\_

Are you a licensed Driver? Y N Do you have a car available? Y N

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**III. EDUCATIONAL DATA**

Name and Location	Dates Attended	Diploma/ Degree

A. Do you have any special skills or licenses, foreign language, sign language? If yes, please explain/describe:

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**IV. WORK EXPERIENCE DATA**

Identify and initial **P** for Paid and **V** for Volunteer work experience. Start with your most recent place of employment.

P/V?	Employer Name & Address	Month/ Year From/To	Job Title	Reason for Leaving

**V. AVAILABILITY & REFERENCES**

**TIME YOU ARE AVAILABLE FOR VOLUNTEER WORK:**

Court Hearings are conducted Monday through Friday from 8:30 a.m. to 12:00 p.m. and 1:30 p.m. to 5:00 p.m. Part of your responsibility in this volunteer program is being available to appear in court on the assigned cases two times per year, with timely notification from the staff when possible. For Educational Advocates, educational meetings may occur Monday through Friday any time between 8:00am- 5:00 p.m. **If you are employed, would you have difficulty being available for Court Hearings? Y N Educational meetings? Y N Can you make arrangements if necessary? Y N**

Please explain:

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C.A.S.A. of San Bernardino County accepts students to volunteer with the program who are seeking to fulfill internship hours for their schooling. Are you looking to volunteer to fulfill an internship requirement for school? YES\_\_\_ NO\_\_\_ If yes, please list the name of your school, class you are taking, internship hours required and the amount of time needed to complete those hours.

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There are two different ways to serve as a volunteer; one as a representative advocating for every area of a youth’s life (full-fledged C.A.S.A.) and the other as a representative for a youth’s education (Educational Advocate). As a volunteer, your duties and responsibilities are to serve for a minimum of 10 to 15 hours per month, for a minimum of 18 months as a full-fledged C.A.S.A. and 3 to 5 hours per month for a minimum of 12 months as an Educational Advocate.

As a volunteer with C.A.S.A. of San Bernardino County, I agree to fulfill my duties and responsibilities to serve one youth for the minimum monthly hourly and long-term commitment requirement even after my internship hours are completed. YES\_\_\_\_\_ NO\_\_\_\_\_ Initials\_\_\_\_\_

**REFERENCES:**

List *five (5)* people who know you well (including at least one person for whom you have worked or volunteered, **excluding family members and relatives.**) Include E-mail addresses and telephone numbers. If you prefer your references be sent my mail, please provide complete addresses. Only list references you are certain can complete a confidential questionnaire about you. ***Please note that their responses are completely confidential, and that questionnaires will be sent out by CASA program staff.***

Name of reference/Relationship	E-mail Address/Mailing Address	Phone #
1.		
2.		
3.		
4.		
5.		

**VI. BACKGROUND INFORMATION**

1. Have you ever been:

- a.) Arrested for a crime against a child?                    Y     N
- b.) Arrested for a violent felony?                                Y     N
- c.) Arrested for a sex crime?                                        Y     N
- d.) Arrested for any drug charges?                                Y     N

2. If you answered “yes” to a, b, c or d above, can you produce a written declaration of a “Finding of Factual Innocence” as described in California Penal Code 851.8 et.seq?     Y     N

3. Have you been convicted of any crime within the past 5 years?     Y     N

4. Are you currently undergoing prosecution for any crime or on probation?     Y     N

5. Have you ever been arrested or convicted of any crime not mentioned above? \*\*Y N

6. Are you or have you ever been the sibling, household member, parent or significant other of a child who has been placed under the protective custody of the court? Y N If yes, please explain.

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7. As a child, were you ever the subject of a child abuse report? \*\*Y N

8. Are you currently paid or reimbursed to provide a service to children and/or parents within the child welfare and/or Juvenile Court system? Y N

\*\*If you have answered "yes" to any of the questions in the above section, please explain. (Attach additional sheets as needed)

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## **VII. MEDICAL/PSYCHOLOGICAL INFORMATION**

Are you currently under the care of a medical professional and /or Therapist and/or taking prescribed medication which might limit your abilities to provide services and/or meet the qualification requirements of this program?  
Y N

Do you authorize CASBC to contact your therapist? Y N

Therapist's Name\_\_\_\_\_

Phone Number\_\_\_\_\_

CASBC would contact your therapist/counselor/psychologist/psychiatrist only to obtain their professional opinion of your ability to serve as a volunteer for this program.



**IX. CONFIDENTIALITY AGREEMENT AND PERMISSION TO CONDUCT BACKGROUND CHECK**

I agree to submit to a State, FBI and Child Abuse Registry security screening process to assure that my past is free of criminal convictions. I realize I will be seeing children privately, sometimes on a one-to-one basis and therefore agree to conduct myself in a careful and ethical manner.

Because CASA programs are based on volunteers, paid and volunteer staff is equally valued. I have the right to say no, to have my feelings heard, and to have a place to communicate my concerns. I also recognize the need for me to be reliable and timely in all my responsibilities and to work respectfully with the office, other volunteers and outside agencies.

A. As an applicant to be a CASA or Educational Advocate volunteer, do you agree to do the following:  
(Please initial each item.)

1. Submit to an investigation of suitability as a CASA or Educational Advocate, including, but not limited to: fingerprinting, criminal background checks, reference checks, National and Megan’s Law Sex Offender database, Social Security number screenings and Department of Motor Vehicles records check? \_\_\_\_\_
2. Upon successful completion of the screening and training, serve as a CASA or Educational Advocate volunteer for a minimum of 12 to 18 months? \_\_\_\_\_
3. Participate in on-going supervision, in-service trainings, and other continuing education of at least twelve (12) hours per year? \_\_\_\_\_
4. Maintain confidentiality regarding all court cases? \_\_\_\_\_

B. I understand and agree that by submitting this application, I authorize the C.A.S.A. of San Bernardino County program to make inquiries regarding my suitability as a Court Appointed Special Advocate or Educational Advocate. Any information obtained will be used for the purpose of determining my suitability as a C.A.S.A or Educational Advocate and will be held in the strictest confidence. Selection of the volunteers will be based on criteria that indicate the applicant’s ability to fulfill the requirements of serving as a CASA or Educational Advocate. No individual will be rejected because of race, color, religion, national origin, age, sex, sexual orientation or marital status. Falsifying and/or knowingly misrepresenting any information in this application are grounds for denying the applicant or dismissal of the volunteer.

I understand that after completing my training, I will be expected to serve approximately ten (10) hours per month for at least 18 months as a Court Appointed Special Advocate or (3-5) hours per month per child for at least one (1) year as an Educational Advocate. I agree to submit monthly activity logs (a.k.a time sheets) to my Advocate Supervisor, recording all activities related to my volunteer duties. I also understand that I will be required to complete twelve (12) hours of in-service training each year. I understand that I must update and submit a copy of my driver’s license; car insurance each year in order to remain in compliance as a volunteer. I also understand that it is my obligation to inform CASA staff of any criminal convictions, motor vehicle violations, or difficulties that I foresee in completing my volunteer service. I will give the Executive Director advance notice in writing.

My signature indicates that I have read the above Commitment Statement and the following Policy and Procedures and I agree to become a sworn Officer of the San Bernardino County Juvenile Court.

**VOLUNTEER:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CASA Staff:**

\_\_\_\_\_  
Staff Name/Title

\_\_\_\_\_  
Date