

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
851 S. Mt. Vernon Avenue, Suite 7A, Colton, CA 92324
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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.

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? _____

Emergency Contact _____ Telephone #: _____

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:

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:

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.

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)

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, Megan’s Law database and 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 inquires 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 and DMV print-out 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