

CASA San Joaquin Volunteer Application Court Appointed Special Advocate (CASA)

For Office Use Only
Application Received:
Interview Date:
App. entered into database:



Phone: (209) 464.4524, Fax: (209) 227-7255

The information on this form will help us assess your qualifications to serve as a volunteer for CASA San Joaquin. Please read the directions carefully and *complete all sections* of the application as thoroughly as possible. Any applicant found to have allegations of, been convicted of or to have current charges pending for a felony or misdemeanor involving a sex offense, child abuse, or child neglect must not be accepted as a CASA volunteer. All information provided by you is confidential.

Part I:			DOD at a second	
First	Middle Initial	Last	DOB: (Must be at le	east 21 years of age)
Driver's Lice	ense #:	Expires on:	Social Security	#:
Home Phone:		Work F	Phone:	
Cell Phone:		Email:		
Emergency	Notification:Name		D.I.C. I	
	Name		Relationsh	пр
-	Address	Ph	one	
Current Hon	ne Address:			
If less than	Street seven years above:	City	Zip Code	How long at this residence
Address:	Street			
	Street	City		Zip Code
Address:	_			
	Street	City		Zip Code
Education:	1			
High School:				
	Name & Location	Da	ates Attended	Degree
College:				
	Name & Location	Da	ates Attended	Degree
Graduate/				
Professional School:				
	Name & Location	Da	ates Attended	Degree

How did you hear about CASA San	Joaquin?					
Work Experience: Check P for PAID and V for VOLUNTEER work experience.						
Employer Address & Phone	Dates employed month/year from-to	Р	V	Job Title	Reason for leaving	
Most Recent						
Do you currently work or volunteer	with foster children ar	nd/or the	eir fam	nilies?		
Do you know anyone who works o						
If so, who and in what capacity? _						
Please describe any additional trai volunteer service, or life experienc	e					

Are you fluent in any language (including ASL) other than English?
Do you have strong writing skills?
Are you comfortable speaking in public?
Are you a student seeking credit hours?
Do you have any plans in the next 2 years that would interfere with your ability to volunteer?
Activities & Interests: Please list any community service organizations or clubs to which you have belonged:
List any hobbies or special interests you have:
Other: Have you had any past or do you have any current involvement with the Health and Human Services Agency (Child Protective Services) in this or any other state? If yes, please explain.
Have you ever been convicted of a misdemeanor or felony in this or any other state? (If you have a criminal conviction it may eliminate you from consideration.) If yes, please explain.
Do you have any driving violations on your record in this or any other state? If so; more than 3 points?
Have you ever been directly involved in a court proceeding in this or any other state? If yes, please explain.

b) Participate in ongoingc) Maintain confidentialit	minimum time required (18 months supervision and training meetings?	;)?	
c) Maintain confidentialit	supervision and training meetings?		
•	1 3 3)	
d) Submit to a formal sec	y regarding all court cases?		
criminal index and invest (Including the FBI, DOJ,	curity check including, but not limite tigation background check? Child Abuse Central Index and Mequelease of information for approp	gan's Law [sexual offender regist	
	auto liability insurance and a report working directly with the children?	t of	
f) Have a valid California	Driver's License? (active duty milit	ary excepted)	
g) Obtain three unrelated	d references?		
allegations of, or having of offense, child abuse or ne Advocate program will be Please provide three unr	related references:	or a felony or misdemeanor involverisks to children or the Court Ap	ing a sexual pointed Specia
Name:	Phone #:	Relationship:	
Address:	City		Zip Code
	Phone #·	Relationship:	
Name:	1 110110 #		
Address:			
Address:	City		Zip Code
Address:Street		Relationship:	Zip Code
Address:Street Name:	City	Relationship:	Zip Code
Address: Street Name: Address:	City Phone #:	Relationship:	Zip Code
Address: Name: Address: Street Part II:	City Phone #:		Zip Code
Address:Street Name: Address:Street Part II:	CityPhone #:City		Zip Code

Ho	w do	you hope to benefit	from	this volunteer experien	ce?		
De	escrit	be any experiences y	ou h	nave had involving peop	le of	races and classes different from your own.	
Ge	nder	provided by you will b	e ke		ck on	ting purposes only. All information e of the following in each category.	-
	Mal			Single Married Widowed Divorced Separated Other		African American Asian American Bi-racial Caucasian	
	Eng Spa Eng Chi Fre Jap Por Tag Eng Viel	y Language glish anish glish and Spanish nese nch anese tuguese galog glish and Tagalog tnamese ter	Sp	ditional Languages oken English Spanish English and Spanish Chinese French Japanese Portuguese Tagalog English and Tagalog Vietnamese Other		High School AA/AS BA/BS JD MA/MS PhD/EdD Other Decline to state	
	Nor Phy Dev Mer	vsical velopmental ntal		Full-time Part-time Student Retired	Mil	itary Personnel? Yes No	
	Dev Mer	/elopmental		Student	_	• • •	

formation about SE.
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Non-discrimination policy: CASA shall not discriminate based upon marital status, socioeconomic factors, race, national origin, ethnic group identification, religion, age, sex, sexual orientation, color, or disability.