



CASA for Children of Monmouth Cty.
 613 Hope Road
 Eatontown, NJ 07724
 732-460-9100 –Phone
 732-460-9111- Fax

VOLUNTEER APPLICATION FORM
 (PLEASE PRINT OR TYPE)

Full Name : _____ (Maiden) _____

Home Address: _____

Telephone#: _____ Cell: _____

E-mail address: _____

May you be called at cell/work? Yes No Social Security # _____

How long have you lived in NJ _____ in current county? _____

Have you lived in another State(s) Yes No if “yes”, where: _____

Are you a U.S. citizen? Yes No

Date of Birth: _____ Place of Birth: _____

EDUCATION

Circle highest level completed: **High School:** 9 10 11 12 **College:** 1 2 3 4 **Graduate:** 1 2 3 4

Major: _____ Degree: _____

Are you a student? Yes No If “yes”, part time –or- full-time

Name of school _____ Course of study _____

EMPLOYMENT/VOLUNTEER EXPERIENCE

Please list your last 3 employers during the last 10 years. A Resume may be attached.

<u>Employer</u>	<u>Address</u>	<u>Tel.#</u>	<u>Dates</u>
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Are you a member of any professional, community or social organization? Yes No

If "yes", please list: _____

Are you currently an employee of the state of NJ? Yes No

Do you have prior experience working with children/juveniles? Yes No

If "Yes", please give details:

Have you done volunteer work in the past? Yes No If "Yes" please list organizations

COURT INFORMATION

Have you ever been arrested for a crime (*even if it is expunged please indicate*) Yes No

If "yes", what charge? _____

Date of arrest: _____ Where? _____

Have you had a personal experience with:

NJ. Division of Youth and Family Services (DYFS)? Yes No

Monmouth County Family Court? Yes No

Foster Care? Yes No

Other agencies offering services to children? Yes No

If yes, to any of the above four questions, please explain: _____

VOLUNTEER PROGRAM INFORMATION

Do you speak another language? Yes No Please List: _____

Have you applied to or been associated with a CASA program in the Past? Yes No

If "Yes", when? _____ where? _____

Were you an assigned advocate? Yes No Other? _____

Do you sincerely feel that you can commit yourself to the program for at least One Year? _____

Please list any members of CASA with whom you are acquainted: _____

Do you expect any changes in your family in the next year? Yes No

If "Yes" will these changes affect your ability to volunteer? Yes No

Do you drive? Yes No Do you have use of a vehicle? Yes No

Can you attend CASA Training in the Daytime only Evening only Either

This application has assumed you are interested in becoming a CASA volunteer, the person who acts as an active advocate on behalf of the child. You can be part of the CASA program in other ways. If you would prefer any of the following, please indicate your area of interest:

- Fundraising Research Data Entry Clerical Assistance Public Relations Board
 Other (Specify) _____

REFERENCES

Please provide one employment reference (preferably your current employer) and three character references (exclude relatives) who have known you for at least two years and know you well enough to vouch for your character and ability to work with children.

Please list the four references to whom we should mail the Reference Questionnaire.

Name Phone Address(Please include FULL address and Zip Code)

- 1- _____
2- _____
3- _____
4- _____

Please write a few paragraphs telling us about yourself in relation to being a CASA volunteer.

Please include things such as why you would like to be part of the CASA program; what you think you have to offer, and what you expect to derive from the experience; any past or current experience working with children, with adults with problems, with government or other major systems; any specific training or any other experience in your own family, professional or social life that you feel might be related to the work you would be doing as a CASA volunteer.

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I, the undersigned hereby

- Understand any applicant convicted of or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect or related acts that would pose risks to children or to the CASA program's credibility is not eligible to be a CASA volunteer.
- I affirm that all of the answers provided on my volunteer application are true. I hereby authorize the CASA program and any law enforcement agency they authorize, to investigate my background to determine my fitness as a potential volunteer. I also give my permission for CASA to check with other CASA programs regarding any prior interactions with them.
- I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of one year in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program director with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports and other material I will examine in my capacity as a CASA volunteer. I will discuss these matters only with those persons directly involved in the case or with those who will be consulted for their professional knowledge and expertise.
- I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of the CASA program and their ability to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.
- I submit the statements on this application are true, complete and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

Signature _____

Date _____

Please note that to be considered for a CASA volunteer, you must sign this so that appropriate law enforcement checks can be conducted. Failure to sign will automatically disqualify you as a candidate for becoming a CASA volunteer.

CASA Volunteer Applicant Agreement

I _____ am applying to become a volunteer with CASA for Children of Monmouth County. I understand that the CASA volunteer application and interview are part of a screening process for a volunteer opportunity only, that I am not an applicant for employment, and that CASA has no obligation to me that it might have toward employees or applicants for employment.

I also understand that, due to the sensitive nature of the information to which CASA volunteers have access, and the difficult life circumstances of the families with whom CASA volunteers come into contact and the children that CASA volunteers have an obligation to serve, the CASA program has a compelling need to ensure that all prospective volunteers are fully able to serve the best interests of those children. I further understand that, in order to meet this objective, the CASA programs must ask questions and seek information of a very sensitive, personal nature of their volunteer applicants.

I hereby acknowledge, by signing this agreement, that CASA is entitled to request certain personal information in order to evaluate my ability to serve as a CASA volunteer, and I hereby waive any and all claims, under statute or common law, based on the request for such information.

I understand that if, at any point during the application or interview process, I feel uncomfortable answering a question, I may choose not to answer and/or may ask that the interview be discontinued. However, I further acknowledge that doing so may result in my being disqualified to serve as a CASA volunteer.

Printed Name of Applicant

Signature of Applicant

STATISTICAL INFORMATION

The following information will be used for statistical purposes only.

Sex: Male Female **Age:** _____

Ethnicity: Asian African American Hispanic Caucasian Other _____

Work: Full Time Part Time Retired Student Not Working

How did you hear about CASA?:

Brochure Friend Newspaper TV/Radio School Work

Volunteer Organization (*please specify*) _____ Other _____

EMERGENCY CONTACT INFORMATION

Primary Contact: _____ Relationship: _____

Primary Address: _____

Phone No.: Home _____ Work _____ Cell _____

Secondary Contact: _____ Relationship: _____

Secondary Address: _____

Secondary No.: Home _____ Work _____ Cell _____

Physician's Name & Phone: _____

Please list any additional information that you feel may be helpful in the event of an emergency.