



# Volunteer Application

## QUALIFICATIONS

Volunteers must be at least twenty-one years of age and must successfully complete screening requirements, including a written application, personal interview, at least four personal references and numerous criminal background investigations. CASA volunteers shall be recruited and accepted into the Program without regard to gender, disabilities, age (21 or older), race or other condition.

## DIRECTIONS

The information on this form will help us assess your qualifications to serve as a CASA volunteer. Please read the directions carefully and complete **all** sections of the form. Information provided by you is confidential. If your application is accepted, CASA Program staff will contact you to schedule a personal interview.

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_

Any Previous Names (incl. Maiden) \_\_\_\_\_

Address \_\_\_\_\_  
(Street)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Phone (cell) \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_

May we call you at work? Yes No

E-mail address \_\_\_\_\_

How did you become aware of CASA? \_\_\_\_\_

Is your primary interest to learn more about becoming a CASA volunteer? Yes No

- If your primary interest in the CASA program is **not** in becoming a volunteer, or
- If you are **not** 21 years of age or older, or
- If you cannot commit to the time requirements of the program right now, would you be interested in any of these other areas to support the CASA Program?

Special Events \_\_\_\_\_  
Office Assistance \_\_\_\_\_

Do you have any special talents you would like to share (competence with software programs, media contacts, enjoyment in decorating for receptions, etc.)?

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How long have you lived in Pennsylvania? \_\_\_\_\_

Where did you previously live? \_\_\_\_\_

Name of Spouse/Significant Other \_\_\_\_\_

How does your spouse/significant other feel about your working with CASA?

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In case of emergency, call \_\_\_\_\_  
(Name) (Phone #) (Relationship)

Do you have any personal health concerns? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Do you have a valid PA Driver's License? \_\_\_\_\_ PA Driver's License Number: \_\_\_\_\_

Do you have access to a car? \_\_\_\_\_ Car Insurance Company: \_\_\_\_\_

Do you have access to a computer or are you able to come to the office to utilize our computers?

Yes No

What is your employment status?  Part-Time  Full-Time  Retired  Not Employed

- **If Employed**, Supervisor's Name: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Employer's Phone: \_\_\_\_\_

Your position: \_\_\_\_\_

Have you had an opportunity to discuss CASA with your supervisor? \_\_\_\_\_

- **If Retired**, Previous Employer's Name: \_\_\_\_\_

- **Summary of Work History (or attach a copy of Resume/Curriculum Vitae)**

Do you speak any languages other than English? \_\_\_\_\_ If yes, which? \_\_\_\_\_

Education and/or Special Training: \_\_\_\_\_

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

In the past year, have you had any of the following?

- \_\_\_ PA State Police **Request for Criminal Record Check** (SP4-164) Date: \_\_\_\_\_
- \_\_\_ Criminal Check in court jurisdiction of current residence and employment Date: \_\_\_\_\_
- \_\_\_ PA **Child Abuse History Clearance** (Childline) (CY 113) Date: \_\_\_\_\_
- \_\_\_ National Sex Offender Registry Date: \_\_\_\_\_
- \_\_\_ SSN verification Date: \_\_\_\_\_
- \_\_\_ **FBI Fingerprint Card** (FD-258) Date: \_\_\_\_\_  
or other national fingerprint registry check such as LiveScan

Have you **ever** been arrested, charged, or convicted of a crime (misdemeanors and/or felonies)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what charge? \_\_\_\_\_

Date of Arrest \_\_\_\_\_ Where? \_\_\_\_\_

**NOTE:** The CASA Program will conduct criminal background investigations for all applicants, including trained volunteers wishing to transfer from another CASA/GAL Program. Refusal to sign a release of information form or submit to fingerprinting for any of the checks will result in the rejection of the application. Any applicant found to have been 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 the CASA Program's credibility will not be accepted as a CASA volunteer. These criminal record checks will be conducted at least every four years for all active volunteers.

Can you think of any reason the judge of Dependency Court would be reluctant to appoint you to a case?

\_\_\_ If yes, why? \_\_\_\_\_

As a CASA volunteer, will you be able to participate in on-going training and court appearances?

\_\_\_\_\_

Can you see yourself visiting with a family in their home, or with an institutionalized child?

\_\_\_\_\_

Meaningful Volunteer Experiences in the Past

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

Present Volunteer Activities:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

Write a brief statement on why you have chosen to volunteer specifically with CASA at this particular time:

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

Write a short summary about your interest in volunteering and how you hope to benefit from this volunteer experience:

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

What do you feel are the strengths that you will bring to the program?

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

What are your primary concerns about becoming a volunteer in the program?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What role do you believe society should play in protecting the rights of children? \_\_\_\_\_

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What role do you believe society should play in helping a family overcome hardships and remain living together as one unit? \_\_\_\_\_

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Please answer the following (Note: these answers will not preclude you from being considered as a CASA Volunteer):

1. Are you currently or have you ever been in any type of counseling or mental health treatment?

No                      Yes      Approximately when? \_\_\_\_\_

2. Are you currently or have you ever been in treatment for drug or alcohol problems?

No                      Yes      Approximately when? \_\_\_\_\_

3. Are you currently or have you ever been in treatment for, or involved with, domestic violence?

No                      Yes      Approximately when? \_\_\_\_\_

4. Have you ever had an open case with Children & Youth Services?

No                      Yes      Approximately when? \_\_\_\_\_

5. Have you or someone close to you ever been involved in a case of child abuse or neglect?

No                      Yes      Approximately when? \_\_\_\_\_

6. Have you had a personal experience with Children and Youth Services, foster care, or adoption, either personally or as a paid employee?

No                      Yes      Approximately when? \_\_\_\_\_

7. Have you had a personal experience with any of the following? (Please check any that are applicable and note approximately when)

Divorce	Child Custody	Child Support
Protection from Abuse	Juvenile Court	Family Court

**Please note: If you have answered yes to any of the above, you will be asked to elaborate at a volunteer interview.**

**Please write/type a full-page autobiography (including the people or experiences that have influenced your life, goals you have achieved, hardships you have overcome, hobbies, special interests, and any affiliations that are important to your values):**

**REFERENCES:**

**IMPORTANT:** it is your responsibility to contact at least four individuals to request that letters of reference be sent to the CASA office, either by surface mail or email. You are welcome to provide them each with a copy of the "CASA Volunteer Reference Guidelines," available in your volunteer application packet.

At least three of your references must be unrelated to you.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

4. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

**TRAINING SCHEDULE:**

Please be aware that all volunteers are required to complete training prior to starting their advocacy work. Training consists of approximately 45+ hours of time and is typically held two evenings a week in Carlisle from 6-9pm for a two month period every spring and every fall.

**Affirmation and Release**

I, \_\_\_\_\_, hereby affirm that all the answers provided on my volunteer application are true. I hereby authorize the Cumberland County CASA Program to investigate my background to determine my fitness as a potential volunteer. I understand that my application will be rejected if I am found to have been convicted of, or have 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 the CASA Program’s credibility.

I understand that the information requested in this application will be used only for the purpose of determining suitability as a CASA volunteer. **If I do not complete training, I will return all materials or pay \$25 for the training manual. Further I understand that after the successful completion of my training, I will be expected to serve 18-24 months in the CASA Program. If unforeseen circumstances prevent me from fulfilling the 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 only discuss these matters with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*(indicates that CASA can verify information and contact references)*

For public awareness and outreach purposes, I hereby authorize the CASA office to use and/or publish a short biographical statement and/or photographs in a variety of media outlets (ex. Website, newspaper, brochures, newsletter, Facebook). **PLEASE INITIAL:** \_\_\_\_\_



The following information will be used for statistical purposes only.

SEX: M  F       AGE: \_\_\_\_\_      KAPPA ALPHA THETA MEMBER:

ETHNICITY:    Asian/Pacific Islander       African American       Latino   
                  Caucasian/Non-Latino       Native American       Bi-racial

EMPLOYMENT STATUS: Full Time       Part Time       Retired   
   Student       Not Employed

EDUCATION: High School/GED       Some College   
                         College Graduate       Post-Graduate



- Application Checklist:** \_\_\_\_\_ Completed **application**  
   \_\_\_\_\_ One page **autobiography**  
   \_\_\_\_\_ **CASA trainee** will request **references** from four individuals  
   \_\_\_\_\_ Summary of recent work history or **Resume/Curriculum Vitae**  
   \_\_\_\_\_ Provide copies of any **clearances/Mandated Reporter** training certificates that are less than a year old

**Please return completed application to:**  
Cumberland County CASA Program  
1 Courthouse Square, Suite 301  
Carlisle, PA 17013

FAX: 717.240.6460  
Phone: 717.240.6159  
Toll-free: 888.697.0371 ext. 6159  
Email: casa@ccpa.net