



CASA of Linn County, Inc.

Office: 225 2nd Ave SW, Albany, OR 97321
 Mail: P.O. Box 100, Albany, OR 97321
 Phone: 541.926.2651
 FAX: 541.924.3880
 Email: casaoflinnco@comcast.net

CASA VOLUNTEER APPLICATION

Name							
Address							
City		State			Zip		
Phone Numbers	(Home)		(Work)		(Email Address)		(cell)
Are you employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
Place of Employment						Position	
May you be called at work?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Driver's License No.		State					
Race		Date of Birth		Marital Status			
Do you have children?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what are their ages?			
In case of emergency, please call						Phone	
Relationship							
Education (circle highest completed)		High School: 9 10 11 12		College: 1 2 3 4		Graduate: 1 2 3 4	
Major(s)		Degree(s)					
Do you speak a foreign language?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which language(s)?			
Do you drive?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have regular access to a car?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

List current and previous community activities/volunteer work:		
Are you willing to commit to two to five hours per week to volunteer service for CASA? Are you willing to commit to at least two years of volunteer service?		<input type="checkbox"/> Yes <input type="checkbox"/> No Why not?
The nature of your work as a volunteer necessitates some flexibility of daytime hours on occasion. Please describe any concerns you may have about this:		
How did you learn of the CASA program?		
Have you had any personal experience(s) involving:		
<input type="checkbox"/> DHS' Services to Children & Families (SCF) or Child Welfare <input type="checkbox"/> Dependency Court	<input type="checkbox"/> Foster Care <input type="checkbox"/> Citizen Review Board (CRB) <input type="checkbox"/> OYA Board	<input type="checkbox"/> Linn County Mental Health <input type="checkbox"/> Other agencies offering services to children, adolescents, teens
Explain:		
Are there any other considerations of which we should be aware regarding your potential participation in our volunteer program?		

Can you think of any reason why a judge might be reluctant for you to serve as a CASA volunteer?	
Have you ever been convicted of a crime other than a traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Charge(s)? Conviction Date(s)? Location?	

Are you prepared to complete 30 hours of pre-service training; and a minimum of 12 hours per year of in-service training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please write a brief statement on why you have chosen to work with the CASA program at this particular time in your life (use the back of the application if necessary):	

References

Please list four (4) people on the next page who would be able to provide a knowledgeable reference for you. **Do not list relatives.** Please include at least one person who knows you in a professional capacity such as education, employer, pastor or community service personnel. Please distribute the enclosed reference forms (and addressed envelopes) to those listed and have them return directly by mail to:

CASA of Linn County Inc., P. O. Box 100, Albany, OR 97321

1.

Name					
Address					
City		State		Zip	
Phone		Relationship			

2.

Name					
Address					
City		State		Zip	
Phone		Relationship			

3.

Name					
Address					
City		State		Zip	
Phone		Relationship			

4.

Name					
Address					
City		State		Zip	
Phone		Relationship			

I, _____
hereby affirm that all of the answers provided on my volunteer application are true.

I authorize CASA of Linn County, Inc. and any law enforcement agency or service they utilize to investigate my background to determine my fitness as a potential volunteer.

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 accepted as a volunteer or 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 two (2) years in the CASA program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Executive 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 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 desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

Name (please print)

Signature

Date

CASA of Linn County Inc. is an equal-opportunity employer. CASA of Linn County Inc. reserves the right to disqualify any applicant who would not be appropriate for the CASA program. Any applicant found to have been convicted of either a felony or a misdemeanor involving a sex offense, child abuse or neglect, or related act that would pose risks to children or the CASA program's credibility is not acceptable as a CASA Volunteer. CASA of Linn County Inc. further reserves the right to terminate any volunteer who is inappropriate for the program.