



CASA of Linn County, Inc.
 PO Box 100, Albany OR 97321
 2730 Pacific Blvd. SE, Suite 201, Albany
 541.926.2651 ~ fax 541-924-3880
casa@linncasa.org

CASA VOLUNTEER APPLICATION

Name										
Address										
City					State			Zip		
Contact Info	(Home)		(Work)		(Cell)		(email)			
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									
Social Security No.					Driver's License No			State		
Race				Date of Birth			Marital Status			
Do you have children?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what are their ages?									
Emergency Contact Name & Relationship							Phone			
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 languages(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:										

How did you learn of the CASA program?		
Are you prepared to complete 36 hours of pre-service training; and a minimum of 12 hours continuing education training annually?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a time in your life that you can commit to an average of 7-10 hours per month and two years of volunteer service?		<input type="checkbox"/> Yes <input type="checkbox"/> No, Please explain
The nature of your work as a volunteer necessitates some flexibility of daytime hours to attend court and other meetings. Please describe any concerns you may have about this:		
What time or day is best for you to attend training?		
What experience do you have working with children or young people? Please describe.		
Have you had any personal or professional experience(s) involving:		
<input type="checkbox"/> DHS' Services to Children & Families (SCF) or Child Welfare <input type="checkbox"/> Dependency or Delinquency Court	<input type="checkbox"/> Foster Care <input type="checkbox"/> Citizen Review Board <input type="checkbox"/> Oregon Youth Authority	<input type="checkbox"/> Linn County Mental Health <input type="checkbox"/> Other agencies offering services to children, adolescents, teens
Explain:		

References

Please list four (4) people 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. The CASA office will mail reference forms to your references and ask them to return directly by mail or fax to the office.

Name					
Address					
City		State		Zip	
Phone		Relationship			
Email					

2.

Name					
Address					
City		State		Zip	
Phone		Relationship			
Email					

3.

Name					
Address					
City		State		Zip	
Phone		Relationship			
Email					

4.

Name					
Address					
City		State		Zip	
Phone		Relationship			
Email					

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.

Internal use only

Date application received / Staff initials	Date Interview scheduled