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|  | **CASA of Linn County, Inc.**2730 Pacific Blvd. SE, Suite 201,PO Box 100, Albany OR 97321P: 541.926.2651 ~ F: 541.924.3880Admin@linncasa.org [www.linncasa.org](http://www.linncasa.org)  |

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| Personal Information |
| Full LegalName | First Middle Last |
| Pronouns |  |
| Current Address |  |
| City |  | State |  | Zip |  |
| Contact Info | (Home) | (Work) | (Cell) |
| Email |  |
| Employment Status |  [ ]  Full-time [ ]  Part-time [ ]  Unemployed [ ]  Retired |
| Current Employer |  | Position |  |
| May you be called at work? | [ ]  Yes [ ]  No |
| Emergency Contact Name & Relationship |  |
| Emergency Contact Phone number |  |
| Demographics |
| Race  | [ ]  African American [ ]  Asian/Pacific Islander [ ]  Caucasian [ ]  Multi-race [ ]  Native American/Alaskan [ ]  Unknown[ ]  Prefer not to answer [ ] \_\_\_\_\_\_\_\_\_\_ |
| Ethnic Origin  | [ ]  Hispanic or Latino [ ]  Non-Hispanic or Latino [ ]  Prefer not to answer [ ] \_\_\_\_\_\_\_\_\_\_ |
| Marital Status | [ ]  Divorced [ ]  Married [ ]  Separated [ ]  Single [ ]  Prefer not to answer [ ]  Widowed |
| Gender | [ ]  Female [ ]  Male [ ]  Prefer not to answer [ ] \_\_\_\_\_\_\_\_\_\_ |

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| Education & Volunteer Experience |
| 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 or sign a language other than English? | [ ]  Yes [ ]  No If yes, which language(s)? |
| List current and previous community activities/volunteer work: |
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|  |
| What experience do you have working with children or young people? Please describe.  |
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| How did you learn of the CASA program? |
|  [ ]  Agency [ ]  Corporation/Business [ ]  Event [ ]  Flyer [ ]  Friend/Family [ ]  Internet |
|  [ ]  Media [ ]  Referral Agency [ ]  Religious Org. [ ]  Social Media [ ]  Theta [ ] Other |
| Are you prepared to complete 35 hours of pre-service training and at least 5 hours of court observation? |  [ ]  Yes  [ ]  No |
| Are you prepared to complete a minimum of 12 hours continuing education training annually? (Trainings are provided) | [ ]  Yes [ ]  No |
| Is this a time in your life where you can commit to an average of 5-10 hours per month and two years of volunteer service? | [ ]  Yes [ ]  No, please explain |
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| Background Check Information |
| Are you 21 or older? |  [ ]  Yes [ ]  No |
| Are you able to visit children at their home or out in the community at least once a month? | [ ]  Yes [ ]  No |
| Have you ever been convicted of a crime other than a traffic violation, or have criminal charge(s) pending?  | [ ]  Yes, please explain [ ]  No |
| Charge(s):Location:Conviction date(s): |  |
| Have you had any personal or professional experience(s) involving: |
| [ ]  ODHS Services or Child Welfare[ ]  Dependency or  Delinquency Court [ ]  Drug & Alcohol Services/Agencies | [ ]  Foster Care[ ]  Citizen Review Board  [ ]  Oregon Youth  Authority[ ]  Law enforcement | [ ]  Mental Health Services/Agencies[ ]  Counseling[ ]  Other agencies offering  services to children,  adolescents, teens |
| Explain |
|  |
|  |
| Are you willing to do a criminal background check, and DMV record check? |  [ ]  Yes [ ]  No |
| You are able and willing to maintain the highest standards of confidentiality?  |  [ ]  Yes [ ]  No |
| Technology Survey |
| Do you have regular access to a computer? |  [ ]  Yes [ ]  No |
| If not, are you willing to come to the CASA office to work on your reports and case? |  [ ]  Yes [ ]  No |
| Do you have internet access at home? | [ ]  Yes [ ]  No |
| Do you know how to attach documents to an email?  | [ ]  Yes [ ]  No |
| Are you comfortable using the internet? | [ ]  Yes [ ]  No |
| Are you willing to participate in Court hearings?  | [ ]  Yes [ ]  No |
| Are you comfortable using:Microsoft WordZoom Share PointOutlookWebEx | [ ]  Yes [ ]  No [ ]  Willing to learn[ ]  Yes [ ]  No [ ]  Willing to learn[ ]  Yes [ ]  No [ ]  Willing to learn[ ]  Yes [ ]  No [ ]  Willing to learn[ ]  Yes [ ]  No [ ]  Willing to learn |
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| Please write a statement describing why you would like to become an advocate for abused and neglected children. (Minimum 100 words) |
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**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 contact each reference.

**1.**

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| Name |  |
| Address |  |
| City |  | State |  | Zip |  |
| Phone |  | Relationship |  |
| Email |  |

**2.**

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| --- | --- |
| Name |  |
| Address |  |
| City |  | State |  | Zip |  |
| Phone |  | Relationship |  |
| Email |  |

**3.**

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| --- | --- |
| Name |  |
| Address |  |
| City |  | State |  | Zip |  |
| Phone |  | Relationship |  |
| Email |  |

**4.**

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| --- | --- |
| Name |  |
| Address |  |
| City |  | State |  | Zip |  |
| Phone |  | Relationship |  |
| Email |  |

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| I,  |  |

Hereby affirm all of the answers provided on my volunteer application are true.

I understand CASA of Linn County, Inc., will 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 either the Advocate Supervisor assigned to me or the Program Manager 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 CASA of Linn County program and their desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

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| 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**

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| Date application received / Staff initials | Date Interview scheduled |
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