



COLUMBIA/WALLA WALLA COUNTIES
Application for CASA Program
(Please Print)

Name: _____ AKA: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Work): _____

May you be called at work? Yes ___ No ___ Social Security #: Will be taken at the time of background check

How long have you lived in Walla Walla/Columbia County? _____ Email: _____

Date and Place of Birth: _____

Marital Status: _____

If presently married, give husband/wife's name and occupation:

Name: _____ Occupation: _____

| <u>Your Children(s) Name(s)</u> | <u>Date of Birth</u> | <u>Sex</u> |
|---------------------------------|----------------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other members of your household:

Do you drive? Yes ___ No ___ Do you have an automobile available to you? Yes ___ No ___

Which company are you insured with? _____ Driver's License #: _____

What is the current state of your physical health? _____ Mental Health? _____

Are you prepared to complete a minimum of 30 hours of pre-service training and a minimum of 12 hours per year of in-service training? Yes ___ No ___

Are you willing to commit to at least 18 months of volunteer service? Yes ___ No ___

As a CASA Volunteer, you will be required to attend court hearings for the children you represent. Will you be able to arrange your schedule to attend these hearings? Yes _____ No _____

Your Education (Circle the highest completed)

High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Major: _____ Degree: _____

Are you presently enrolled in school: Yes _____ No _____

If yes, name of school and course of study: _____

Work History (Use another sheet if necessary)

1. Name and address of present employer:

Date: _____ Supervisor's Name: _____ Phone #: _____

Brief description of work: _____

May we contact them? Yes _____ No _____

2. Name and address of present employer:

Date: _____ Supervisor's Name: _____ Phone #: _____

Brief description of work: _____

May we contact them? Yes _____ No _____

Volunteer History (Use another sheet if necessary)

1. Name and address:

Date: _____ Supervisor's Name: _____ Phone #: _____

Brief description of work: _____

May we contact them? Yes _____ No _____

2. Name and address:

Date: _____ Supervisor's Name: _____ Phone #: _____

Brief description of work: _____

May we contact them? Yes ____ No ____

List your other current community activities and membership in clubs, church, other organizations:

Languages Spoken: _____

Hobbies/Special Interests: _____

Have you ever participated in a court hearing before? Yes ____ No ____

District Court Yes ____ No ____ Superior Court Yes ____ No ____

What were the circumstances: _____

When would you be available for volunteer service? Check times:

| | <u>Monday</u> | <u>Tuesday</u> | <u>Wednesday</u> | <u>Thursday</u> | <u>Friday</u> | <u>Saturday</u> | <u>Sunday</u> |
|-----------|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|
| Morning | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Afternoon | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Evening | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Approximately how much time can you contribute weekly as a CASA Volunteer?

Do you have any training or experience in any of the following? (Circle)

| | | | | |
|----------------------------------|------------|-------------------|-----------------|--------------|
| Medicine | Education | Parenting | Mental Health | Criminology |
| Social Work | Counseling | Law enforcement | Child Care | Psychology |
| Advertising or Public Relations | | Child Welfare | News Media | Writing |
| Drug or Alcohol Abuse Prevention | | Child Development | Public Speaking | Art/Graphics |

If you circled yes, please describe: _____

The following information will not necessarily exclude you as a volunteer.

Do you have any convictions in the last 10 years or charges pending? Where? Yes ____ No ____

If yes, what charge? _____ Date convicted: _____ Where: _____

Have you ever had an addiction to drugs or alcohol? Yes ____ No ____ If yes, when? _____

Have you or anyone in your family ever been investigated by CPS? Yes ____ No ____ If yes, when? _____

Can you think of any reason that Judge Wolfram or Judge Lohrmann might be reluctant to appoint you to a case? Yes ____ No ____ If yes, why? _____

How did you learn about the CASA program? _____

Have you had any personal experience involving?

Child Welfare _____ Foster Care _____ Court System _____

If so, please explain: _____

Personal References: (List 3 references you have know for at least 2 years, excluding relatives)
If you are employed, one reference must be from you present or past employer. If involved in volunteer work, one reference must be from an individual you have worked with/for in the program.

1. Name: _____

Address: _____

Telephone #: _____ Relationship: _____

2. Name: _____

Address: _____

Telephone #: _____ Relationship: _____

3. Name: _____

Address: _____

Telephone #: _____ Relationship: _____

In case of an emergency, contact: _____ **Telephone:** _____

Relationship: _____

DECLARATION AND RELEASE

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; or refuses to sign any necessary Declaration and Releases, is not eligible to be a CASA Volunteer.

I, _____, hereby declare that all of the answers provided on this application are true. I hereby authorize the Walla Walla CASA Program (hereafter, the CASA Program) to investigate my background to determine my fitness as a potential volunteer. I expressly authorize the CASA Program, and any law enforcement agency they authorize, to contact any and all references, or other individuals identified by me in this application. The CASA Program does not discriminate on the basis of race, color, religion, national origin, citizenship, age, sex, sexual orientation, weight, handicap, or political affiliation.

I understand that the information in this application will be used only for the purpose of determining my suitability as a CASA volunteer. By signing, I am not obligated to accept this volunteer position nor is the CASA Program obligated to assign me a case. Further, I understand that after the successful completion of my training and a determination by the CASA Program that I have met all other requirements. I will be expected to serve a minimum of eighteen months as a CASA Volunteer, and that I will submit my written resignation of the Program Coordinator with as much advance notice as possible if I can not fulfill that commitment. I am aware of the sensitive and confidential nature of the official documents, reports, and other materials 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. Any copy of this release form is considered as valid as the original.

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. I submit that 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 from the CASA Program at a later time.

Name (please print): _____ Date: _____

Signature: _____

Please attach a brief statement explaining why you want to work with the CASA Program.

Mail back to:
Department of Court Services
P O Box 1754
Walla Walla, WA 99362