



**CASA of Polk County, Inc.  
Volunteer Application**

Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Other Names Used: \_\_\_\_\_

Address:

\_\_\_\_\_  
Street City State Zip Code

Mailing Address: If different from above address)

\_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you have children: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what are their ages? \_\_\_\_\_

Do you have access to a computer? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have access to a car? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION SECTION: Circle Highest Level 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? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which language(s)?

Do you know Sign Language? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT HISTORY:**

**Current Employment Status:**

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Student \_\_\_\_\_ Retired \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

May we contact you at work? Yes \_\_\_\_\_ No \_\_\_\_\_ Contact Number: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

**VOLUNTEER EXPERIENCE SECTION:**

Please list previous/current volunteer activities:

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Have you had any personal experience(s) involving:

Child Welfare \_\_\_\_\_ Foster Care \_\_\_\_\_ Catholic Community Services \_\_\_\_\_

Juvenile Court System \_\_\_\_\_ Citizen Review Board \_\_\_\_\_

Other Child Related Agencies \_\_\_\_\_

\_\_\_\_\_  
(Agency Name)

What is your experience working with children?

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Please list any resources or talents that you have which might be of assistance to CASA, including fluency in any foreign languages:

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**TIME COMMITMENT:**

Are you prepared to complete 30 hours of classroom pre-service training and 10 hours of observation with the court? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to commit to two (2) years of volunteer work as a CASA? Yes \_\_\_\_\_ No \_\_\_\_\_

The nature of your work as a CASA volunteer necessitates some flexibility of daytime hours on occasion. Please describe any concerns you may have about this:

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Describe any personal or professional constraints that may restrict your time:

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**CRIMINAL BACKGROUND SECTION**

**Having been convicted of or plead guilty to traffic offenses or criminal charges does not necessarily exclude you from being a CASA volunteer. Please be aware that the CASA program will reject an applicant found to have been convicted of, or having charges pending for, a felony or misdemeanor involving violence, moral turpitude, a sex offense, child abuse or neglect, or related acts that would, in the sole discretion of the CASA program, pose risks to children or the CASA program's credibility.**

Have you ever been convicted of or plead guilty or not contest to any criminal charges, ordinance violations, or serious traffic offenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been sentenced to or served time in any jail, prison or other correctional facility? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any criminal charges pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to any of the three previous questions, please describe the offenses below:

Date of Offense	Age at the time	Charge	City/State
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been the subject of, or been involved with any child protection proceedings, investigations, or actions or claims in the child welfare system? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain:

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

**GENERAL INFORMATION:**

How did you hear about the CASA Program?

Friend/Family: \_\_\_\_\_ Local Media/Newspaper: \_\_\_\_\_ National CASA: \_\_\_\_\_ Web Site: \_\_\_\_\_

Other: \_\_\_\_\_

**WHY DO YOU WANT TO BE A CASA?** (150 Words or less)

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

**Please read carefully:**

I hereby certify that all statements on this application are true and correct to the best of my knowledge. I understand that by submitting this application, I understand that all of this information will be held in the strictest of confidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## References

Please list three references, two personal and one professional, which are **NOT** related to you. References will be contacted by e-mail and/or mail. Please carefully consider your choices and complete all lines.

1. NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: W: \_\_\_\_\_ H: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

2. NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: W: \_\_\_\_\_ H: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

3. NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: W: \_\_\_\_\_ H: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**CASA OF POLK COUNTY, INC.**

**Emergency Contact Information**

**Volunteer Name** \_\_\_\_\_

First

Last

Middle

Address \_\_\_\_\_

Street

City

State

Zip

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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**Emergency Contact Name** \_\_\_\_\_

First

Last

Relation to Volunteer \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

First

Last

Relation to Volunteer \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

# CASA of Polk County, Inc.

## Release of Information

I hereby give my informed consent to CASA of Polk County, Inc. program, to complete a thorough investigation of my character and fitness to be a CASA volunteer.

I understand that by signing this release, I authorize inquiries to be made concerning my suitability as a volunteer to references that I have provided, which include my past and present employers. I further authorize police checks, Bureau of Criminal Investigation checks, and children protective service agencies history checks. I understand that information requested in this application and other information that may otherwise be obtained, will be used only for the purpose of deciding my fitness and suitability to serve as a CASA volunteer and may be shared with other CASA programs, if appropriate. I further understand that I will be required to do additional background checks every four years to remain a CASA volunteer. I hereby agree to cooperate with such required checks and /or investigations and to sign all necessary releases or resign as a CASA volunteer.

This release is good until revoked by me, in writing, at any time before it has been acted upon. Criteria used in the selection of CASA volunteers will be such as to ensure that each accepted applicant is able to meet the responsibilities of a CASA volunteer. No individual will be rejected because of ethnicity, gender, handicap, nationality, race, religion, age (if at least 21 years of age), or marital status.

I understand that CASA of Polk County, Inc. program reserves the sole right to determine which individuals are suitable to become CASA volunteers.

Having been convicted of or plead guilty to traffic offenses or criminal charges does not necessarily exclude you from being a CASA volunteer. Please be aware that the CASA program will reject an applicant found to have been convicted of, or having charges pending for, a felony or misdemeanor involving violence, moral turpitude, a sex offense, child abuse or neglect, or related acts that would, in the sole discretion of the CASA program, pose a risk to children or the CASA program's credibility.

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

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Signature \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_ Exp. Date \_\_\_\_\_

Auto Insurance Information \_\_\_\_\_

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The following information is requested solely for demographic purposes and will be utilized exclusively for planning, recruitment and training by the CASA program. It will not be distributed, exchanged, or sold to other individuals or organizations.

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**Ethnicity:** Select One

African-American \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Caucasian \_\_\_\_\_  
Arab/Middle Eastern \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Multi-racial \_\_\_\_\_ Other \_\_\_\_\_

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**Please return your completed application to:**

**CASA of Polk County, Inc.  
580 Main Street, Suite D  
Dallas, Oregon 97338**

**Fax: 503-623-7396**

**Thank You.**

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**Office Staff Only:**

Types of Documentation: Check to Verify

\_\_\_\_\_ DL or State ID  
\_\_\_\_\_ Social Security Number  
\_\_\_\_\_ Passport  
\_\_\_\_\_ Other \_\_\_\_\_