

Date_____

CASA of Merced County Advocate Application

How did you hear ab	How did you hear about our program?				
volunteer for CASA complete all the sec provided by you is purposes only. CAS	this form will help us a of Merced County. F tions of the application a confidential and will be A of Merced County will on form or submit to fin	Please read the direct s thoroughly as poss used for case mate reject any applicant w	ctions carefully and ible. All information ching and statistical tho refuses to sign a		
PERSONAL INFO	DRMATION				
Legal Name(s):					
Mailing Address:					
Home Address:					
	Street	City	Zip Code		
May we call you at w	ork? (Yes / No)				
E-Mail:					

Social Security Number:						
Gender: M	F					
Date of Birth (must be 21 yrs. of age or older)						
Place of Birth	:					
Emergency Notification:_						
	Name		Phone	Relationship		
Resident of M	lerced County for	Yrs.				
	in Which You Have Re					
	s ease provide spouse's	name and occupa	tion:			
Spouse's		Occupation				
		Occupation				
	Name			Age		
Other Membe	ers of Household: Name		Relatio	nship		

Personal Tra If yes, Licens	•)		
California Dr Automobile I				_		
Circle langua	Sp Ja	than English panish panese galog	Chine	ese amese	Portugue Cambodi Other	an
II. EMPLO Circle curren Full-time Check P for	it employm Part-Tin	ent status: ne Self-e	mployed	Student	_	yed Retired
Dates of Employment	Job Title	Name of Company	Address of Company	Telephone Number	Reason for Leaving	Paid Position (P) (Volunteer (V)?
Please desc volunteer ex		•	lities and like	es/dislikes a	bout your pa	ast or present

What hobbies, sports, crafts or activities interest you?
Are you a member of any community service organizations or clubs? Yes No Please List them:
III. EDUCATION (Circle highest level completed) High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4
Last School Attended Date
Major Degree
Are you currently attending school? Yes No (Circle)
Do you have any special skills or licenses? If yes, please list
Do you have any training or experience in the following?
MedicineDrug/Alcohol Abuse ProgramsMental Health/CounselingCriminology/Law EnforcementSocial Work/Child WelfareWritingChild DevelopmentPublicSpeaking/News MediaEducationArt GraphicsWeb Site Design

IV. PERSONAL REFERENCES

Please list names, addresses, and telephone numbers of 3 references whom we may contact. These may be friends, coworkers, employers, teachers, someone who has seen you interact with children, but <u>no relatives please</u>.

1.	
Name	Phone
Address (include zip code)	Relationship
2	
Name	Phone
Address (include zip code)	Relationship
3Name	Phone
Address (include zip code)	Relationship
V. BACKGROUND INFORMATION	
Have you ever been:	
a) Arrested for a crime against a child?	Yes No
b) Arrested for a violent felony?	Yes No
c) Arrested for a sex crime?	Yes No
If you answered "yes" to a, b or c above, can you produce a written declaration of a "Finding of Factual Innocence?"	Yes No
Have you been convicted of any crime within the past 5 years (excluding vehicle code infractions, but including vehicular misdemeanors or felonies)?	Yes No
Have you ever been arrested or convicted of any crime not mentioned above?	Yes No

CASA o	f Merced	County	Volunteer	Application

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Are you or have you been the subject of or been involved in: A reporting to a Child Protective Agency? Yes No An adjudicated dependent of any juvenile court? b) Yes No Placed under informal supervision in any county's c) children's social service agency? No Yes Have you ever been directly involved in a court proceeding in this or any other state? Yes No As a child, were you or any of your siblings ever the subject of a child abuse report? Yes No Are you currently paid or reimbursed to provide a service to children and/or parents within the child welfare and/or Juvenile Court System? Yes No

Note: Any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor will NOT be accepted as a CASA volunteer.

VI. MEDICAL INFORMATION

Are you currently under the care of a medical professional, and/or therapist and/taking any prescribed medications? Yes No		
If yes, please explain:		

VII. OTHER

If you were to volunteer with CASA of Merced County, would you agree to: (Circle one)

1.	Be a CASA volunteer until case is resolved (approx. 18 months)?	Yes	No
2.	Complete the volunteer basic training program (approx. 30 hours)?	Yes	No

	Participate in ongoing supervision and training meetings?	Yes	No
5. N	Participate in court hearings when necessary, a minimum of every 6months? Maintain confidentiality regarding all court cases?	Yes Yes	No No
6. S	Submit to a criminal index and investigation background check?	Yes	No
7. F	Provide verification of auto liability insurance before working directly		
٧	with children?	Yes	No
8. V	/olunteer 10 to 15 hours per month?	Yes	No
9. V	Nork with children who have suffered abuse or neglect and their		
fa	amilies?	Yes	No
10. V	Vould you be willing to accept a sibling group assignment?	V	NI-
		Yes	No
The children with whom you work the best with are (Please Circle):			

VIII. AUTOBIOGRAPHY

On a separate sheet of paper, please write a one-page autobiography.

Gender: M F Ages: 0-3 4-12 13-17



AFFIRMATION & RELEASE

answers provided are true. I hereby autinvestigate my background to determine	
grounds for denying the applicant or dist the screening process includes, but is no	missal of the volunteer. I understand that
the purpose of determining suitability as	ng, and acceptance as an advocate, I will nonths in the CASA program. If rom fulfilling this obligation, I will submit
I understand that if I am unable to comp have to complete all missed sessions at arrange individual training with the CASA able to serve as a volunteer until these additional requirements that the CASA s	A Office. I understand that I will not be sessions are completed as well as any
I understand that when I leave the programanuals, case files, ID badges, and all 0 a volunteer with the program. All materi separation from the program.	CASA materials obtained while serving as
I am aware of the sensitive and confider and other material I will examine in my of discuss these matters only with those di	•
Name (please print)	
Signature:	Date:

Please return completed application to:
CASA of Merced County, P.O. Box 2362 Merced, CA 95344

<u>MercedCASA@gmail.com</u> 209/722-2272