

Name Relationship Age Place of Employment

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Have you ever entered a treatment program relating to admitted incidents of child physical, emotional or sexual abuse that was committed by you? Yes No

DHHR HISTORY

An applicant having a pending DHHR investigation may be disqualified as a CASA volunteer. An applicant having a substantiated allegation of abuse or neglect will be disqualified as a CASA volunteer.

Have you ever been investigated by the Department of Health and Human Resources for abuse and/or neglect? Yes No.

If yes, please explain: [lines for explanation]

Have you personally experienced abuse or neglect as a child? Yes No

If yes, please explain what you have done to recover from it and how you believe it may effect how you work with children who have been abused.

[lines for explanation]

CRIMINAL HISTORY

An 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 will not be accepted as a CASA volunteer.

Applicants with other misdemeanor or felony charges or convictions that would not pose a risk to children or negatively impact the credibility of the CASA Program will be considered on a case by case basis considering the time passed since the incident and the level of rehabilitation.

Have you ever been arrested for a crime? Yes No

If yes, what was the charge? [line]

Date of arrest/Disposition: County: [lines]

CURRENT EMPLOYMENT

Current Employer [line]

Address [line]

City/State Phone No. [lines]

May you be contacted at work? Yes No

Brief description of work [line]

[line]

EMPLOYMENT HISTORY

Employer	Dates Employed	Supervisors Name	Telephone Number

EDUCATION (circle 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: _____

Will you receive academic credit for your volunteer work? ___ Yes ___ No

Do you speak a foreign language? ___ Yes ___ No

If yes, which language (s) _____

SKILLS AND INTERESTS

Do you have experience and or training in any of the following? (please check all that apply)

<input type="checkbox"/>	Medicine	<input type="checkbox"/>	Education
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Criminology
<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Law Enforcement
<input type="checkbox"/>	Psychology	<input type="checkbox"/>	Advertising or Public Relations
<input type="checkbox"/>	Child Development	<input type="checkbox"/>	News/Media
<input type="checkbox"/>	Writing	<input type="checkbox"/>	Child Care
<input type="checkbox"/>	Child Welfare	<input type="checkbox"/>	Public Speaking
<input type="checkbox"/>	Drug/Alcohol Treatment	<input type="checkbox"/>	Social Work
<input type="checkbox"/>	Art or Graphics	<input type="checkbox"/>	Practice of Law
<input type="checkbox"/>	Other	<input type="checkbox"/>	

Briefly describe any items that you checked on the Skills and Interests list:

AVAILABILITY

When would you be available for volunteer service and/or training? Check times:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

Are you willing to commit to one year of volunteer service? ____ Yes ____ No

How many hours per week are you available? _____

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

Do you drive? ____ Yes ____ No Do you have access to a car? ____ Yes ____ No

Driver's License Number: State ____ Number _____ (Please provide a copy of your license.)

REFERENCES

Please provide three names to be used as Professional References. You should know these individuals for at least one year. Two of the references you should know professionally through your work, volunteer service, or academics. One may be a personal reference, excluding a family member. Completed Written Reference Forms must be returned to the CASA office PRIOR to being sworn in.

Three References:

Name: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____

PLEASE WRITE A SHORT AUTOBIOGRAPHY (1 page or less).

Affirmation and Release of Information for Background Check

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 is not eligible to be a CASA volunteer.

I, _____ hereby affirm that all of the answers provided on my volunteer application are true. If I have misrepresented any information on this application I will be immediately disqualified.

Further, I hereby authorize West Virginia CASA and any agency West Virginia CASA authorizes, to investigate my background to determine my fitness as a potential volunteer.

I further authorize the Department of Health and Human Resources to conduct a record check and to release the results of said records check to the _____ CASA Program. 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 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 one year in the CASA program. That year begins on the date of my swearing in by the Judge. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the program 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.

I submit 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 at a later time.

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

I attest to the fact that I have never been charged or convicted of child abuse including sexual, emotional, or physical; neglect; or any other crime against a child. I attest to the fact that I have been convicted of no other crimes, except as listed.

CHARGE/CONVICTION

Your Signature _____

Date _____