

VOLUNTEER APPLICATION FORM

(PLEASE PRINT OR TYPE)

PERSONAL INFORMATION

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|---|---|--|--|
| Last Name <i>(including maiden name)</i> | First Name | Middle Name | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> _____ |
| (Other names used) | Social Security Number | Date of Birth (month, date & year) | |
| Address | City | State | ZIP Code County |
| Email Address | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | Race |
| Home Telephone Number (may we contact you at this number) <input type="checkbox"/> Yes <input type="checkbox"/> No () | Work Telephone Number (may we contact you at this number) <input type="checkbox"/> Yes <input type="checkbox"/> No () | Alt Telephone Number (may we contact you at this number) <input type="checkbox"/> Yes <input type="checkbox"/> No () | |
| How long have you lived at the address listed above? | How long have you lived in this county? | How long have you lived in this State? | |
| Prior Address: | | | How long did you live at prior residence? |

EDUCATION

| | | |
|--|---|---------------------------|
| Highest Level of Schooling <input type="checkbox"/> Jr. High <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College <input type="checkbox"/> Graduate <input type="checkbox"/> Other _____ | Degree Earned | Major Area Studied |
| Special Training | Certificates Attained | |
| Are you in school now? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, are you in school part-time or full-time? <input type="checkbox"/> P/T <input type="checkbox"/> F/T | |
| Name of School and course of study | Are you seeking college credit or internship? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" how many hours of service are you able to provide _____ | |
| Hobbies/ Special Skills | | |

EMPLOYMENT/ OTHER VOLUNTEER EXPERIENCE

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|---|---|-------------------------|----------------------------|
| Occupation | Job Title | | |
| Current Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Working <input type="checkbox"/> Other (Specify) | | | |
| Employer Name (Start with current employer and list last 4) | Address (include City and State) | Telephone Number | Dates of Employment |
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| Do you have any prior experience working with children/ juveniles? <input type="checkbox"/> Yes <input type="checkbox"/> No (please give details on separate attachment) | |
| Please feel free to attach a resume in addition to filling out application. | |
| COURT INFORMATION | |
| Have you ever been arrested for, charged with, or convicted of a crime (including Disorderly Persons)? (Even if your record is expunged please list) <input type="checkbox"/> Yes <input type="checkbox"/> No | If you answered yes, give details of each conviction including: charge, date of arrest, location and disposition below. A conviction will not necessarily preclude you from consideration unless the Court deems that such conviction(s) relates adversely to the volunteer position sought. Use additional attachments if necessary. |
| Have you ever had personal experience with: • NJ Division of Youth and Family Services (DYFS) or NJ Division of Child Protection & Permanency (DCP&P)? <input type="checkbox"/> Yes <input type="checkbox"/> No • Family Court in the county in which you are seeking to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No • Any Family Court? <input type="checkbox"/> Yes <input type="checkbox"/> No • Foster Care? <input type="checkbox"/> Yes <input type="checkbox"/> No • Other agencies offering services to children? <input type="checkbox"/> Yes <input type="checkbox"/> No | If you answered yes to any of these questions, please explain in detail each situation; please give dates, location and disposition below. This information will not necessarily preclude you from consideration unless this personal experience relates adversely to the volunteer position sought. Use additional attachments if necessary. |
| VOLUNTEER PROGRAM INFORMATION | |
| Besides English, do you speak another language? <input type="checkbox"/> Yes <input type="checkbox"/> No | List Languages and your proficiency level: |
| Do you expect any changes in your family in the next year? <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes" will these changes affect your ability to volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you sincerely feel that you can commit yourself to the program for at least 18 months? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Do you have use of a car/ vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please list any CASA volunteers, staff, or trustees with whom you are related or acquainted, describing that relationship, if any: | |
| This application has assumed you are interested in becoming a CASA volunteer, the person who acts as an active advocate on behalf of a child. You can be part of the CASA program in other ways instead of or in addition to becoming a CASA volunteer. If you are interested in any of the following, please check off all that apply: <input type="checkbox"/> Fundraising <input type="checkbox"/> Research <input type="checkbox"/> Data Entry <input type="checkbox"/> Clerical Assistance <input type="checkbox"/> Public Relations <input type="checkbox"/> Advisory Committee or Board <input type="checkbox"/> Internship <input type="checkbox"/> Other (Specify) | |
| Have you applied to be a CASA volunteer before? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, when and where |
| | Were you an advocate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details: |

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| AFFILIATIONS | |
| Are you currently a member of any professional, community, political, or social organization or group? <input type="checkbox"/> Yes <input type="checkbox"/> No | Group Name, positions held, etc. |
| Do you hold an elected political position? <input type="checkbox"/> Yes <input type="checkbox"/> No | Title |
| Do you hold an appointed political position? <input type="checkbox"/> Yes <input type="checkbox"/> No | Title |
| Have you ever had a salaried position working with Juveniles? <input type="checkbox"/> Yes <input type="checkbox"/> No | Give details |

REFERENCES

Please list one employment reference and three character references (excluding relatives) who have known you for at least two years. Please list all four references to whom the Reference Questionnaire will be provided.

| Name | Address | Phone | Relationship (employer, friend, etc.) |
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EMERGENCY CONTACT INFORMATION

(This information is only used in the event of an emergency)

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
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Name, address and telephone number of your primary care doctor. Also list any additional information that may be helpful in the event of an emergency.

How did you hear about CASA? Brochure Friend Newspaper Volunteermatch.org Internet TV/Radio
 School Work Other (specify) _____

We are an equal opportunity employer and positively encourage applications from suitably qualified and eligible candidates regardless of sex, race, disability, age, sexual orientation, or religion or belief.

The following information will be used for statistical purposes only.

Ethnicity: Asian ___ African American ___ Hispanic ___ White ___ Other ___

Please write a few paragraphs telling us about yourself in relation to being a CASA volunteer. Please include why you would like to be part of the CASA program. Please feel free to attach additional pages.

I, the undersigned, hereby

- understand that as a condition to obtaining a volunteer position with CASA for Children of Monmouth County and the Superior Court of New Jersey, a request for a criminal history record will be filed with the local police, the State Police and the FBI, and that I will be required to have a copy of my fingerprints submitted to the county Sheriff's department.
- authorize CASA staff to conduct a sex offender registry check using my name and birth date
- authorize CASA staff to conduct a social security check
- authorize CASA to request a DCF child abuse record information check
- understand that requests for letters of reference will be sent to those individuals whose names are provided by me.
- Grant permission for CASA to check with other CASA programs regarding any prior interactions with them.

In sum, I give my permission for any personal or professional checks needed by CASA for Children of Monmouth County to consider my application to be complete. I understand that my refusal to give this permission will result in my rejection from the CASA for Children of Monmouth County program.

I hereby acknowledge, by signing below, that CASA is entitled to request certain personal information in order to evaluate my ability to serve as a CASA volunteer, and I hereby waive any and all claims, under statute or common law, based on the request for such information.

I hereby acknowledge that I have completed this form to the best of my ability and that all the information provided is true. I understand that falsifying any information on the application or misrepresenting facts during the screening process is grounds for dismissal as a CASA volunteer. I understand that all the information requested and provided will be for confidential use in determining my appropriateness as a CASA volunteer in the State of New Jersey. I understand that, as part of the screening process to become a CASA volunteer, I must participate in an interview with CASA staff, which will remain confidential unless a crime against children or vulnerable persons or a reportable act of child abuse or neglect pursuant to N.J.S.A 9:6-8.10 is revealed. I understand that if, at any point during the application or interview process, I feel uncomfortable answering a question, I may choose not to answer and/or may ask that the interview be discontinued. However, I further acknowledge that doing so may result in my being disqualified to serve as a CASA volunteer. If selected for training, I understand that I must attend all the training sessions provided by CASA. I also understand it may be determined by CASA or myself that serving as an advocate may not be appropriate at this point in time and either party may terminate this relationship.

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| Applicant's Signature | Date |
| Applicant's Social Security Number | |
| Any applicant found to have been convicted of, or having charges pending for an indictable crime or disorderly persons offense involving a sex offense, child abuse or neglect, or related acts that would pose a risk to children or the program's credibility will not be accepted as a CASA Volunteer. | |

For office use only

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| NOTES: | Date received | Staff ID |
| | SEND APPLICATION TO CASA for Children of Monmouth County 40 Broad Street, Suite 202 Eatontown, NJ 07724 Phone: 732-460-9100 Fax: 732-460-9111 Email: mary@casaforchildrenmc.org | |