



CASA BOARD APPLICATION

(PLEASE PRINT OR TYPE)

Thank you for your interest in serving on one of Court Appointed Special Advocates of Monmouth County's (CASA for Children) boards. The information you provide below will assist in selecting those individuals for the board who best represent the interest of the community CASA serves. The contribution the board members make will have a significant impact on the well-being of the current and future children in the care of the Department of Child Protection and Permanency.

PERSONAL INFORMATION

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)		Date of Birth (month, date & year)		
Home Address	City	State	ZIP Code	County
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 ()	Cell (may we contact you at this number) <input type="checkbox"/> Yes <input type="checkbox"/> No ()		
To which CASA board are you applying (please see CASA web page for board descriptions):	<input type="checkbox"/> Associate Board		<input type="checkbox"/> Executive Board	
Are you willing to submit to a full criminal background check including fingerprinting? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EDUCATION

Highest Level of Schooling <input type="checkbox"/> Jr. High <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate <input type="checkbox"/> Other _____	Major Area Studied
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EMPLOYMENT/ OTHER VOLUNTEER EXPERIENCE

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)			
Current Employer Name	Address (include City and State)	Telephone Number	
Please feel free to attach a resume in addition to filling out application.			

Do You Belong to Other Professional/Volunteer/Civic Organizations	<input type="checkbox"/> No	<input type="checkbox"/> Yes (if so, please list below)
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1.	4.
2.	5.
3.	6.

How Did you hear about CASA			
<input type="checkbox"/> Facebook <input type="checkbox"/> Friend <input type="checkbox"/> Print AD <input type="checkbox"/> Volunteer Match <input type="checkbox"/> The United Way <input type="checkbox"/> TV <input type="checkbox"/> Poster/ Brochure <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Other			

GENERAL INFORMATION

Besides English, do you speak another language? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Languages and your proficiency level:
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Please list any CASA of Monmouth or any New Jersey CASA volunteers, staff, or trustees with whom you are acquainted:

Check of all areas in which you have experience. <input type="checkbox"/> Fundraising <input type="checkbox"/> Research <input type="checkbox"/> Marketing <input type="checkbox"/> Legal <input type="checkbox"/> Child Welfare <input type="checkbox"/> Human Resources <input type="checkbox"/> Grant Writing <input type="checkbox"/> Financial/Accounting <input type="checkbox"/> Event Planning <input type="checkbox"/> Computer Networking <input type="checkbox"/> Other (Specify)	Please feel free to elaborate on your experience in the space provided or attach additional information.
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REFERENCES

Please list two references who have known you for at least two years.			
Name	Address	Phone	Relationship (employer, friend, etc.)

Please tell us why you would like to be a member of the Executive or Associate Board of CASA for Children of Monmouth County. You may also use this area to share any additional information you feel is pertinent to your application.

AUTHORIZATION FOR BACKGROUND CHECKS

I, the undersigned, hereby

- Understand that as a condition to obtaining a board position with CASA for Children of Monmouth County, a criminal history record back ground check is required and will be procured.
- authorize CASA to conduct a sex offender registry check using my name and birth date
- authorize CASA to conduct a social security check
- authorize CASA to obtain FBI or National Criminal data
- authorize CASA to obtain a criminal record history from the court and jurisdiction where I reside
- authorize CASA to request a DCF child abuse record information check
- understand that requests for letters of reference may be sent to those individuals whose names are provided by me.

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 board member, and I hereby waive any and all claims, under statute or common law, based on the request for such information.

Applicant's Signature	Date
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Applicant's Social Security Number

National CASA Standards dictate that 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 board member.

For office use only

NOTES:	Date received	Staff ID
	<p><u>SEND APPLICATION TO</u></p> <p>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</p>	