



## COURT APPOINTED SPECIAL ADVOCATE VOLUNTEER APPLICATION

545 W. Umpqua St., Suite 2  
Roseburg, OR 97471  
Phone: 541-672-7001; Fax: 541-440-3880

Today's Date: \_\_\_\_\_

Please acknowledge the following:

- \_\_\_\_\_ I understand that prospective advocates are required to complete 36 hours of initial training (online / classroom / Zoom / court observation).
- \_\_\_\_\_ I understand that Court Appointed Special Advocates are required to participate in 12 hours of ongoing training yearly.
- \_\_\_\_\_ I understand that Court Appointed Special Advocates appear in court to represent the best interest of the child.

Name (print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

Home Address (if different): \_\_\_\_\_  
City State Zip

Day Telephone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How long have you lived in Oregon? \_\_\_\_\_ Marital status: \_\_\_\_\_

In what other states or countries have you lived in the past seven years? \_\_\_\_\_

Please list the state and your last address in each state:

1) State: \_\_\_\_\_, Street Address: \_\_\_\_\_ Dates: \_\_\_\_\_

2) State: \_\_\_\_\_, Street Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone Number

### **Educational Background:**

- |   |   |
|---|---|
| <input type="checkbox"/> GED                  | <input type="checkbox"/> Bachelors Degree |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Post Graduate    |
| <input type="checkbox"/> Trade School         | <input type="checkbox"/> Masters Degree   |
| <input type="checkbox"/> AA Degree            | <input type="checkbox"/> Doctoral Degree  |

Area of Specialized Training/Degree: \_\_\_\_\_

Ages of children and others in your home: \_\_\_\_\_

Current agency and/or board affiliations: \_\_\_\_\_

Previous agency and/or board affiliations: \_\_\_\_\_

How did you hear about CASA of Douglas County? \_\_\_\_\_

**Volunteer Preferences:**

1. Gender preference when working with children: No Preference \_\_\_ Male \_\_\_ Female \_\_\_
2. Number of children in family you would prefer to work with:  
*Single child* \_\_\_\_\_ *Sibling group* \_\_\_\_\_ *either* \_\_\_\_\_
3. Age of children preferred: Any \_\_\_\_\_ Birth to 5 \_\_\_\_\_ 6 to 11 \_\_\_\_\_ 12 to 18 \_\_\_\_\_
4. Geographic area you prefer: \_\_\_\_\_
5. Type of abuse case you prefer NOT to work with:  
*Sex* \_\_\_\_\_ *Physical* \_\_\_\_\_ *Emotional* \_\_\_\_\_ *Neglect* \_\_\_\_\_ *Abandonment* \_\_\_\_\_
6. Type of disability you prefer NOT to work with:  
*Reactive attachment disorder* \_\_\_\_\_ *None* \_\_\_\_\_ *Mentally Delayed* \_\_\_\_\_  
*Psychological* \_\_\_\_\_ *Hearing* \_\_\_\_\_ *Mobility* \_\_\_\_\_ *Other:* \_\_\_\_\_

**Volunteer Background:**

Have you experienced any type of abuse either as a child or as an adult? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain how you have resolved or dealt with the impact of this abuse: \_\_\_\_\_

Have you ever been arrested or convicted of a crime? If so, please check which apply:

- Active Warrants
- Restraining Orders
- Sex Offender Registration
- Any Felony conviction; Example: Driving while under the influence (DUII)
- Any Misdemeanor convictions
- Any Sex Offense convictions
- Any controlled substance convictions

Have you ever been adjudicated as a juvenile of a sexual offense? \_\_\_ Yes \_\_\_ No

If you have checked any of the above, please explain below or on an additional sheet of paper. This is not necessarily a barrier to becoming a CASA volunteer but would need to be considered as it relates to the volunteer position for which you are applying.

\_\_\_\_\_

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 will not be accepted as an employee or as a volunteer.

Have you or your family ever been involved with the Oregon State Office of Child Welfare Program (CWP is a division of the Department of Human Services) or the child welfare agency of another state as an employee, volunteer or client? \_\_\_\_\_Yes \_\_\_\_\_No

Have you or your family ever been placed under informal supervision with any children's social services agency, i.e. Child Protective Services? \_\_\_\_\_Yes \_\_\_\_\_No

If so please explain (if an applicant is found to have or provides information about having voluntary case history at CWP, CASA will deny your application. If you want to pursue your application, you must provide to CASA the intake social history /risk assessment and the closing narrative which will indicate the results of those voluntary services. If the applicant has sought help and successfully utilized that to help remedy a situation not to be considered the result of abuse or neglect by the applicant or applicant's family, CASA will consider the information contained in these narratives to decide whether to proceed toward CASA certification):

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What experiences have you had with children and youth?

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What do you feel are the most important experiences for children in early childhood?

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Please list previous and/or current volunteer experience:

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Do you belong to a group that takes a stance on parents' rights and/or children's rights, birth issues, gender identity, etc.? If so, please list.

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Are you taking anything that might impair your ability to be alert? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe:

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Hobbies/Skills/Special interests:

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Other languages spoken: \_\_\_\_\_

List any memberships, licenses or certifications you hold:

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**Employment Information (previous 20 years – please use additional pages if needed):**

1. Current/Most Recent Employer & Supervisor: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Nature of work (include a description of your duties):  
\_\_\_\_\_

From when to when: \_\_\_\_\_ to: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Previous Employer & Supervisor: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Nature of work (include a description of your duties):  
\_\_\_\_\_

From when to when: \_\_\_\_\_ to: \_\_\_\_\_ Phone: \_\_\_\_\_

**Are you a citizen of the United States?**       Yes       No

**References:**

Please list four references, the references must be from persons unrelated to you. Preferred references needed: One personal (someone who is not related to you); two professional; and one volunteer reference, if you have volunteered for other organizations.

1) Personal (not related): Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Professional: Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

3) Professional: Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

4) Volunteer: Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please attach any additional information you wish to submit.

I UNDERSTAND BY SUBMITTING THIS APPLICATION I AM AUTHORIZING INQUIRIES TO BE MADE CONCERNING MY SUITABILITY AS A CASA VOLUNTEER.

I CERTIFY THAT ALL THE ABOVE IS TRUE AND CORRECT. I UNDERSTAND THAT IF AN INVESTIGATION DISCLOSES UNTRUTHFUL OR MISLEADING ANSWERS, MY VOLUNTEER APPLICATION MAY BE REJECTED OR MY VOLUNTEER POSITION TERMINATED.

\_\_\_\_\_ (please initial) I have read and understand the enclosed volunteer job description and understand the program's expectations of volunteers.

\_\_\_\_\_ (please initial) I consent to the CASA of Douglas County program verifying my background by checking references and running a criminal and driving history check.

\_\_\_\_\_ (please initial) I further understand that my participation in the training and/or interviewing process does not commit the Court to appointing me to the CASA program.

### **Equal Employment Opportunity**

CASA of Douglas County will provide equal employment opportunity without regard to race, color, gender, age, disability, religion, national origin, marital status, sexual orientation, ancestry, political belief or activity, or status as a veteran.

The policy applies to all areas of paid and unpaid employment, including recruitment, hiring, training and development, promotion, termination, layoff, compensation benefits, social and recreational programs, and all other conditions and privileges of employment in accordance with applicable federal, state, and local laws.

- 1) Will you be able to fulfill a commitment to remain active on each case that you accept assignment to throughout the entire court involvement (minimum 24-36 months)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
  
- 2) As a CASA volunteer you will be required to attend court hearings for the children you represent. They are scheduled between 8:30am and 5:00pm Monday through Friday.  
\_\_\_\_\_ Yes \_\_\_\_\_ No
  
- 3) Do you see yourself being away for more than 2 months at a time during your activity as a CASA?  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

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Signature

Date

**Please return all pages to: CASA of Douglas County, 545 W. Umpqua St., Suite 2, Roseburg, OR 97471**