



CASA OF WELD COUNTY VOLUNTEER APPLICATION

 Name (First, Middle, Last) Female Male

 Mailing Address (Street, City, State, Zip) Social Security Number

_____/_____/_____
 Date of Birth Age Place of Birth (City, County, State)

 Home Phone Work Phone Cell phone

 e-mail address Fax Number Ethnicity

In case of emergency, please call: _____

 Place of employment May we call you at work? Yes No

 Driver's License Number How long have you lived in Colorado?

Circle highest level of education completed:

High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

 Name of Institution Degree Earned Year Received

List special skills and/or foreign, sign language (list language) competencies

If you have children, please complete the following information:

 Name (first and last) Gender Date of Birth Age
 _____/_____/_____

Do you have training or experience in any of the following?

- | | | |
|--|---|--|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Drug/Alcohol Programs | <input type="checkbox"/> Child Development |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Child Protection | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Education | <input type="checkbox"/> Criminology | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> News Media | <input type="checkbox"/> Advertising/Public Relations | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Art/Graphic Design | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Other _____ | | |

Please describe any experience you have raising/working with children _____

Please describe any experience you have had raising/working with children _____

Previous and current community volunteer activities: _____

Have you participated in mental health, substance abuse or other treatment?

Yes No

If yes, please explain. _____

(please include this provider as a reference)

Please explain your use if any) of alcohol/drugs _____

Have you had any personal experience with the following systems:

Child protection _____ Foster Care _____ Court _____

Children/Family Agencies _____

Not including your present position, please list your work history for the past 5 years, including part-time, temporary or seasonal employment.

Place of Employment _____

Position _____

Reason for leaving _____

Place of Employment _____

Position _____

Reason for leaving _____

Have you ever been convicted of a felony? yes no

Have you ever been convicted of a misdemeanor involving a sex offense?

yes no

Have you ever been convicted of child abuse or neglect? yes no

If you answered yes to any of the above, please explain _____

Have you ever been convicted of a crime other than a traffic violation? _____

Do you consent to a routine check of your criminal and motor vehicle records? _____

Can you think of a reason why a judge might be reluctant for you to serve as a CASA volunteer? _____

Please list three references of people who know you well, preferably for whom you have worked in either a paid or volunteer capacity. No more than one friend should be included. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

Name	Address	Zip Code	Phone	Relationship
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CASA of Weld County reserves the right to make any additional reference checks deemed necessary to determine the applicant's suitability to become a CASA volunteer. All information obtained will be held in the strictest confidence. CASA reserves the right to terminate the application process at their discretion. The application process is not complete, and CASA volunteers are not accepted into the program, until all screening and training is complete.

I understand that submitting a completed volunteer application does **not** ensure my acceptance into the CASA program.

Applicant Signature

Date

I certify that the statements provided are true and accurate to the best of my knowledge. I understand any deliberate falsification of information disqualifies me from the CASA program.

Applicant Signature

Date

PART TWO

There are no right or wrong answers to these questions; we just want to know you! Please answer them based on your own feelings and opinions. Please use your own paper and answer all questions thoroughly. This information will be kept confidential.

Tell me about your childhood. What are some of your happiest/saddest memories?
Siblings?

2. Tell me about your mother and father. What did you like best about them? How did they discipline you? Did it work?

3. Tell me about your family? How do they feel about your volunteering?

Explain your philosophy of parenting, including the rights and responsibilities of both parents and children.

Please finish these sentences:

Children should be taught to...

I find it most difficult to say...

People who abuse children are...

PLEASE RETURN YOUR COMPLETED APPLICATION AND ESSAY TO:

**CASA of Weld County
924 11 St., Suite B
Greeley, CO. 80631**

The CASA of Weld County volunteer review process includes the following steps:

Completion and Review of the volunteer application
Screening Interview
Reference Checks
Criminal, Child Abuse Central Registry, and Motor Vehicle Checks
Training Process
Acceptance of Volunteers
Swearing In