# PERSONAL DATA

**Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone # (Home):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Address(es**):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone # (Work):**

*(If you have lived at another address in the last 5 years)*   **May we call you at work?** ☐Yes ☐No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ **Telephone # (Cell):**

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

**In case of an emergency call:**

(Name) (Phone)

**Gender:**\_\_\_\_\_\_\_\_\_\_\_\_ **Are you at least 21 years of age?** Yes \_\_\_\_ No\_\_\_\_

Ethnicity: African American ☐ Asian ☐ Caucasian ☐ Latino ☐ Native American ☐ Bi-Racial ☐ Other ☐

Primary Language: English ☐ French ☐ Other ☐ ASL ☐ Spanish ☐

Secondary Language: English ☐ French ☐ Other ☐ ASL ☐ Spanish ☐

# EDUCATION & EXPERIENCE

**Check highest grade completed:**

1☐ 2☐ 3☐ 4 ☐ 5☐ 6☐ 7☐ 8☐ 9 ☐ 10☐ 11☐ 12☐ some college ☐

college graduate ☐ degree (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you did not complete high school, do you have a high school equivalency diploma?

☐Yes ☐No

If you have or expect to complete a degree program in the near future, please indicate what type of degree obtained or areas of study and expected completion date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of employment and/or school & length of time at employment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Status:** Full-time ☐ Part-time ☐ Student ☐ Not Employed ☐ Retired ☐ Volunteer ☐

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of Employer:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Military Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provide certifications, training(s), work/volunteer experience(s) that are directly related to children**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List your skills** (i.e. typing, computer knowledge, fundraising, public speaking, crafts):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List your interests** (i.e. reading, traveling, shopping): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List any affiliations you have with other community programs (i.e. church, volunteer program, school)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# VOLUNTEER PREFERENCES

Child Advocacy Preferences:

Gender: Male ☐ Female ☐ Either ☐ I do not prefer to work directly with a child ☐

Number of Children: Single Child ☐ Sibling Group ☐ Either ☐

Age: Any ☐ Birth to 6 ☐ 7 to 11 ☐ 12 to 17 ☐ 18 and older ☐

**Prefers NOT to work with this type of case (i.e. sexual assault, domestic violence):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prefers this Geographic Area:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# REFERENCES

List three (3) references of people who know you well, preferably people with whom you have worked, in either a paid or unpaid capacity. If you are presently employed (either paid or unpaid), please include the name of at least one supervisor.

Name \_ Address Email & Phone Relationship

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Please attach an additional sheet if further space is needed to fully answer the following questions.**

**Have you ever worked as a CASA volunteer in another community? If so, where?**

**Have you had any prior volunteer experiences?** **☐Yes** **☐No If yes, please describe:**

**How did you become aware of the Norfolk CASA program**? \_

**Name of person who referred you**:

**Yes** **No**

**Are you able to complete 40 hours of initial training/court watch?** ☐ ☐

*(\*Volunteers also have to maintain 12 hours of continuing education per year.)*

**Are you able to pay $36 for required background checks and**

**training materials?** ☐ ☐

*(\*\*Scholarships available)*

**Can you commit to a minimum of 18 months to the CASA program?** ☐ ☐

**Are you able to make contact with a child at least twice monthly**? ☐ ☐

**Are you able to participate in court hearings and case related meetings?** ☐ ☐

**Do you have regular access to a computer (at least 3-5 times per week)?** ☐Yes ☐No

**Do you have a valid driver’s license?** ☐Yes ☐No

**Do you have regular access to a car as to drive to meetings, court hearings, etc…?** ☐Yes ☐No

**Do you have car insurance**? ☐Yes ☐No

**Have you had any traffic violations in the past five years**? ☐Yes ☐No

**If yes**, please explain:

**Have you ever been investigated, charged with or convicted of a crime? (Please include any & all**

**convictions that were a suspended imposition of sentence**). ☐Yes ☐No

**If yes,** please explain and give approximate dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever been the subject of a child abuse/neglect investigation?** ☐Yes ☐No

**If yes**, please explain in detail and list the city/state in which you lived at the time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any fact or circumstance involving you or your background that would call into question your appropriateness to work with children? ☐Yes ☐No

**If yes,** please explain:

# AUTOBIOGRAPHY

**Please write your responses to the following questions in a separate document. Note that report writing is vital to fulfilling the role of a CASA volunteer. Therefore, writing is carefully and seriously considered. Take your time and express your true thoughts, opinions, and feelings regarding the topics listed below. Be mindful of grammar, sentence structure and spelling. Keep your responses between 2-3 pages. Thank you!**

* What attracted you to the program and how to do you hope to make a difference for children?
* What was your family life like when you were growing up? How were you parented and disciplined? If you are a parent, what is your parenting style?
* Briefly explain what role society should play in protecting children and helping families overcome hardships such as child abuse, substance abuse, domestic violence, mental illness, financial distress, etc.
* What is your understanding on the needs of children in the foster care system and the impact of separation and loss?
* Which experiences in your life have helped shape you into the person you are today?

By signing this agreement, I understand that it is not guaranteed that I will be accepted as a CASA Volunteer. My signature acknowledges that I am aware of the guidelines required in order to participate in the CASA Pre-service Training Program.

I hereby certify that all statements made on this application are true to the best of my knowledge. I understand that an interview will be required as part of the screening process and that my acceptance into the program is contingent upon my successful completion of all phases of the application and training process (i.e. orientation, training & evaluation period)

**I also understand that by submitting this application I authorize inquiries to be made concerning my employment and character for the purpose of determining my suitability as a volunteer. I further understand that my signature on this application authorizes the Norfolk CASA program to complete a background investigation through the Local and State Police Departments and the Department of Social Services Central Registry Desk as well as a National Sex Offender Registry Check and Social Security Number Check. All information will be held in the strictest confidence. I understand that by refusing to sign the release of information, this application will be rejected.**

I am aware of the fact that should my record show any conviction of or pending charges for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose a risk to children or the CASA program’s credibility, my application will be rejected.

All volunteers have access to their individual file upon request to review, make additions or updates contained in the record. This information may exclude certain references who prefer their comments to be kept confidential.

Having considered the opportunities and responsibilities involved, I offer my services as a Court Appointed Special Advocate for the Norfolk Juvenile and Domestic Relations District Court and agree to follow all guidelines set forth by the Norfolk CASA Program.

### **Criteria used in the selection of volunteers will ensure that the individual is able to meet**

***the responsibilities of a Court Appointed Special Advocate. Applications will not be***

***rejected because of race, class, ability, sexual orientation, gender identity, religious creed,***

***national origin, sex, age or marital status.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature Date**