

**Marin CASA Program**



*A program of Marin Advocates for Children*

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Int. #1  
Int. #2  
Background  
Insurance

**VOLUNTEER APPLICATION**

Name \_\_\_\_\_  
Last First (Nickname)

Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

FAX \_\_\_\_\_ (Home or Office?) E-mail \_\_\_\_\_

In Case of Emergency \_\_\_\_\_  
Name Phone

Relationship: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Class: \_\_\_\_ Expiration Date \_\_\_\_\_

Most recent Employer \_\_\_\_\_ Part or Full Time \_\_\_\_\_

Type of Business \_\_\_\_\_ Job Title \_\_\_\_\_

When are you available to volunteer? Days \_\_\_\_\_ Hours \_\_\_\_\_

Additional personal or employment constraints that may restrict your time as a CASA \_\_\_\_\_

Brief description of your work \_\_\_\_\_

Education \_\_\_\_\_

Volunteer experience \_\_\_\_\_

How did you hear about CASA? \_\_\_\_\_

Have you ever been accused or convicted of a crime? \_\_\_\_\_

Have you had any personal experience(s) involving:

\_\_\_\_\_ Child Welfare

\_\_\_\_\_ Foster Care

\_\_\_\_\_ Juvenile Court System

\_\_\_\_\_ Other agencies offering services to a child

\_\_\_\_\_ Family Court

\_\_\_\_\_ Criminal Justice

If so, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Languages spoken: \_\_\_\_\_ Fluent \_\_\_ Basic Skills \_\_\_ Minimal \_\_\_

Ethnicity \_\_\_\_\_

Write a brief statement on why you have chosen to work in the CASA Program at this particular time in your life. Please use additional sheets as needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What practical strengths, special skills, and/or knowledge will you bring to this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly explain your philosophy of parenting and what role you believe society should play in protecting the rights of children.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What experience do you have of working/interacting with children? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list three personal references. At least two references must be someone other than a friend or co-worker, for example, minister, teacher, employer, therapist, etc.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

NOTE: DMV driving records, State and FBI background and fingerprint (Live Scan) screening and Megan’s Law Database clearance are required for all applicants. References will be contacted to supply recommendations. Failure to comply with or meet any of the minimum standards, including the background clearance, will result in immediate disqualification.

By signing this application, I am authorizing inquiries to be made concerning my suitability as a volunteer as stated above. The information obtained will only be used for this purpose and will be held in confidence. Because of the confidential nature of the screening process, the agency is not obligated to disclose to me reasons or sources for any decision concerning my acceptance or non-acceptance into the program.

The agency must take the best interest of the child into consideration first when matching them with a CASA. Therefore, in the event that training is completed, 1) Marin CASA is not obligated to present me to the Court to be sworn as an officer, 2) Marin CASA is not obligated to assign, or actively seek to assign, a child or family, 3) I am not obligated, if called upon to perform volunteer services herein applied for. My signature also certifies that the information I have provided on this application is true, complete and correct to the best of my knowledge.

No individual will be rejected because of culture, disability, ethnicity, gender, marital status, national origin, race, or sexual orientation.

I have read the Minimum Standards (Preparation for Special Advocates to work within Dependency cases) and Fact Sheet.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_