



Application Date: _____

COURT APPOINTED SPECIAL ADVOCATES OF KERN COUNTY (CASA)

1717 Columbus Street
Bakersfield CA 93305
Telephone: 661-631-2272 Fax: 661-328-9787
E-mail: kerncasa@kerncasa.org
Web Page: www.kerncasa.org

The information on this form will help us assess your qualifications to serve as a Court Appointed Special Advocate. Please read the questions carefully and complete all sections of the application as thoroughly as possible.

PERSONAL INFORMATION

Name _____ Date of Birth _____
Address _____ Home Phone _____
City/State/Zip _____ Cell Phone _____
E-mail address _____
Maiden/Prior Name/AKA _____ SS# _____
Marital Status _____ No. of Children _____ Ages & Gender _____
Spouse's Name _____ Spouse's Occupation _____
Local Emergency Contact _____ Relationship _____
Address _____ Phone _____

EMPLOYMENT INFORMATION

Current Employment Status (circle one) employed unemployed retired homemaker
Name of current employer or previous employer if retired or unemployed _____
Address _____ Work Phone _____
Supervisor _____ Work e-mail _____
May we call and/or e-mail you at work? Yes No
Title and brief description of work _____

Describe any personal or employment constraints that may restrict your availability _____

How long have you been with your current employer? _____
If employed at current job less than six months, who was your former employer? _____
Address of former employer _____ How long were you there? _____

EDUCATIONAL DATA

High School (circle last grade completed) 9 10 11 12
College, Graduate, Post Graduate (circle last grade completed) 13 14 15 16 17 18 19 20 21
Area of study _____ Degree _____

Are you presently attending school? Yes No If yes, where? _____ Area of study _____

Do you have any special skills or licenses? Yes No If yes, please explain/describe _____

How did you become aware of the CASA program? _____

Are you aware that you will be required to complete basic training? _____

Are you willing to participate in ongoing training and court appearances? _____

Can you see yourself visiting with a family in their home, or with an institutionalized child? _____

What do you feel are the strengths that you will bring to this program? _____

ACTIVITIES AND INTERESTS

List community service organizations or clubs to which you belong: _____

List hobbies and special interests: _____

Previous and/or current volunteer activities: _____

Are you a licensed driver? Yes No Do you have a car available? Yes No

Drivers license # _____ Auto license # _____ State _____

Insurance Company _____ Policy # _____ Exp Date _____

Address _____ Agent _____

FOR CASE MATCHING AND STATISTICAL PURPOSES

Ethnic Background _____	Religious Affiliation _____
Languages Spoken _____	Can you sign for the deaf? _____
Are you willing to work with all ages of children? (Please circle) Yes No I prefer ages: 0-5 6-12 13-17	

Please be aware that CHILDREN ARE FREQUENTLY MOVED. If you have a preference in the county area where you would be willing to accept a case assignment, you may be required to travel to other areas in the county to maintain contact with the child to whom you are assigned.

Do you prefer a geographical area? Yes No If yes, please specify _____

Would you be willing to travel to maintain contact? Yes No Possibly

How soon would you be able to accept a case if approved and accepted for this program? _____

BACKGROUND INFORMATION

- 1. Have you ever been:
 - (a) Arrested for a crime against a child? (Please circle) Yes No
 - (b) Arrested for a violent felony? Yes No
 - (c) Arrested for a sex crime? Yes No
- 2. Have you been convicted of any crime in the past five years (excluding vehicle code infractions, but including vehicular misdemeanors or felonies)? Yes No
- 3. Are you currently undergoing prosecution for any crime (excluding vehicle code infractions, but including vehicular misdemeanors and felonies)? Yes No
- 4. Have you ever been arrested or convicted of a crime not mentioned above? Yes No
- 5. Are you, or have you ever been, the (circle all that are appropriate): **sibling, household member, parent, significant other or spouse** of a child who has been
 - (a) The subject of a report to a Child Protective Agency? Yes No
 - (b) An adjudicated dependent of any juvenile court? Yes No
 - (c) Placed under informal supervision in any county's children's Social Service Agency? Yes No
- 6. As a child, were you ever the subject of a child abuse or neglect report? Yes No
- 7. Are you currently paid or reimbursed to provide a service to children and/or parents within the Child Welfare and/or Juvenile Court System? Yes No
- 8. Have you had a personal experience involving (check all that apply)
 Child Welfare Foster Care Juvenile Court Other agencies offering service to a child?

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

Write a brief statement explaining why you have chosen to work in the child advocacy program at this particular time in your life. _____

Would you like to volunteer on a regular basis in the CASA office or help with special events? _____

What skills do you possess that could be useful in the office? _____

REFERENCES

Please list four personal references. One must be an employer or co-worker if employed. Teachers, ministers, volunteer supervisors or similar may be used in place of employer if unemployed. If you are currently seeing a therapist, please include him or her in the box provided. *Please do not list relatives.* All references will be mailed a questionnaire to complete. Application approval is pending receipt of at least three returned references.

- 1. Name _____ Relationship _____
 Address _____ Phone _____
 City/State/Zip _____
- 2. Name _____ Relationship _____
 Address _____ Phone _____
 City/State/Zip _____
- 3. Name _____ Relationship _____
 Address _____ Phone _____
 City/State/Zip _____
- 4. Name _____ Relationship _____
 Address _____ Phone _____
 City/State/Zip _____

THERAPIST	
Name _____	Phone _____
Address _____	
City/State/Zip _____	

- PLEASE RETURN:**
- (1) Application
 - (2) Verification of insurance (copy of declarations page of insurance policy stating insured applicant’s name)
 - (3) “Authority to Release Information” form
 - (4) Copy of driver’s license

TO:

**CASA OF KERN COUNTY
 COURT APPOINTED SPECIAL ADVOCATES
 1717 Columbus Street
 Bakersfield CA 93305**

Upon receipt of your application you will be contacted.

I certify that all information provided in this application is true and correct to the best of my knowledge and belief. I understand and agree that any FALSE STATEMENT or OMISSION of material fact will cause my immediate and unconditional DISMISSAL from the Court Appointed Special Advocate program.

Signature

Date



CASA of Kern County
1717 Columbus Street
Bakersfield, CA 93305

Authority to Release Information

To Whom It May Concern:

I hereby authorize a representative of the Court Appointed Special Advocates of Kern County (CASA) to conduct an investigation on my background which will include a Social Security number verification, in conjunction with their official duties. As part of the National CASA Associations standards, each volunteer for a CASA organization must undergo a background check. In order to remain in compliance with the National CASA Association, CASA of Kern County now requires a full background check, including Social Security Number for each active volunteer.

I understand that CASA will be contacting outside agencies including the Department of Justice, FBI, California Department of Motor Vehicles, Child Abuse registry or Child Protective Services check, Intellicorp, and First Advantage (formally Lexus Nexus) to acquire this background check. CASA will protect my confidential information, in accordance with established standards. I understand that this background check is required every four years. I also understand that this background check is ongoing; CASA will notify each agency once I separate from CASA, to stop the ongoing screens.

As part of that investigation, I understand that CASA will be contacting those people whose names I give as references. I further understand that CASA will solicit information from those references and the information received from them will be kept confidential. In order to ensure a candid, honest response from my reference, I understand I will not have access to any information provided by them as part of CASA's investigation into my background.

If I have been in the care of a mental health professional within the last five years, I authorize a representative of CASA of Kern County to contact that therapist, whose information is listed on my application, for information regarding my suitability to serve as a Court Appointed Special Advocate.

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use of the Court Appointed Special Advocates program.

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

FULL NAME (Please Print) _____

SIGNATURE _____

SEX: Male _____ Female _____ DATE OF BIRTH _____

DATE _____ SSN _____

If you have held residency in any other states or countries within the last seven (7) years, please list your address for each state/county/country below:

Residential Address: _____

Residential Address: _____

Residential Address: _____

Residential Address: _____