



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 _____
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 _____

| |
|--|
| <p>THERAPIST</p> <p>Name _____ Phone _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> |
|--|

- 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