

# CASA Application Checklist

Use this checklist as you apply to become a CASA volunteer.

## Attend Orientation/Interview Meeting

### ✓ Complete and return paperwork to CASA office.

- Application, including complete reference information
- Copy of valid driver's license
- Copy of current insurance card

### ✓ Live Scan Fingerprinting

You will receive the form from CASA Staff during training. Take the form to the appropriate local agency. You should be prepared to pay a small fee. Save the receipts; they must be given to CASA for both your reimbursement and our records.

### ✓ Training Materials

You have the option of receiving the National CASA training manual on CD or in hardcopy format. If you choose to have a hardcopy, you must provide CASA of Mendocino County with a deposit check in the amount of \$50. This check will not be cashed **UNLESS** you a) leave the training before taking oath without returning the manual to the CASA program, or b) return the manual in such a state that it is unusable for future trainees. There is no deposit required for the CD. For face-to-face classes, manuals or handouts will be available for reference for those choosing the CD option.

### ✓ CASA Training

- Actively participate in a minimum of 30 hours of initial training
- Complete a minimum of 3 courtroom visits, with a cumulative minimum of 4 hours of total viewing time.
- You must attend and participate in all scheduled classes, or complete assigned independent study work; failure to do so may result in release from the program.
- Snacks and beverages will be provided.
- NOTE: The mutual screening process continues throughout the training. We need to insure that volunteering for CASA is an appropriate fit for you and for CASA.

### ✓ After CASA Training

- Final Interview – the CASA Program Manager will contact you to set this up once you have completed all training assignments.
- Swearing in – done by the Presiding Judge of the Juvenile Court
- Complete the Case Parameters Questionnaire – CASA staff will use this form to pre-screen cases for you to review.

**Congratulations! You are now ready to get to work as a CASA!**



## **VOLUNTEER APPLICATION**

### **PERSONAL INFORMATION**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different from mailing): \_\_\_\_\_

How long at this address? \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Prior Address (if at current address less than 3 years): \_\_\_\_\_

\_\_\_\_\_ How long? \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Hire Date: \_\_\_\_\_

What is your normal Work Schedule? \_\_\_\_\_

Position/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor/Contact: \_\_\_\_\_ May we contact you at work? Yes \_\_\_ No \_\_\_

Previous Employer: \_\_\_\_\_ How Long? \_\_\_\_\_

Position/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisor/Contact: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

### **EMERGENCY NOTIFICATION**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Contact Address: \_\_\_\_\_

### **EDUCATION**

Highest level of education completed (circle one):    High School    Some College    College Degree

Are you currently enrolled in any classes?    Yes    No    If so, for how many hours each week? \_\_\_\_\_

If a college degree was attained, what level and in what area: \_\_\_\_\_

What language(s) do you speak? \_\_\_\_\_



If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been treated for mental illness or received counseling which would affect your ability to be a successful CASA volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

Please let us know of any physical condition or medical problem that may affect your ability to perform the duties of an advocate.  
\_\_\_\_\_  
\_\_\_\_\_

In order to participate as a Court Appointed Special Advocate program volunteer, your agreement to the following items is required. Your initials after each item indicate your voluntary agreement. Do you agree to:

- Submit to a criminal index and investigation background check? \_\_\_\_\_
- Allow CASA to enroll you a Department of Motor Vehicles record check program? \_\_\_\_\_
- Actively participate in the training for a minimum of 30 hours of education & courtroom viewing? \_\_\_\_\_
- Attend, or make arrangements with CASA staff in your necessary absence, all CASA case related meetings? \_\_\_\_\_
- Complete a minimum of 12 hours of continuing education each calendar year you are an active CASA volunteer? \_\_\_\_\_
- Maintain confidentiality regarding all court cases? \_\_\_\_\_
- Commit to at least 2 hours per week as a CASA? \_\_\_\_\_
- Commit to at least one year as a CASA? \_\_\_\_\_

**TRAINING AVAILABILITY**

Please describe a typical week in your day-to-day life schedule. This information will help determine your availability both for training and for your work as a CASA advocate:

Mon: \_\_\_\_\_  
Tues: \_\_\_\_\_  
Wed: \_\_\_\_\_  
Thu: \_\_\_\_\_  
Fri: \_\_\_\_\_  
Sat/Sun: \_\_\_\_\_

In order to help us accommodate everyone's schedule as much as possible with regard to conducting the training meetings, **please indicate your availability to participate in trainings by circling which days work best for you. For each day you circle, please write next to it what time(s) you are available:**

Mon _____	Fri _____
Tue _____	Sat _____
Wed _____	Sun _____
Thu _____	

**PERSONAL REFERENCES**

Please provide three references, **with complete mailing addresses**, who have known you **at least five years** and who are **not related to you**. They should be able to describe your personal and/or professional capacity to work as a CASA volunteer. **At least one reference must be from employment or volunteer experience.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

**AUTHORIZATION & AGREEMENT**

I understand that CASA of Mendocino & Lake Counties may personally contact the references listed above as well as other supervisors shown in this application in the process of pre-screening my application to become a CASA volunteer. I give my permission to make such contact, and agree to release CASA of Mendocino & Lake Counties from any claims arising from such investigation.

By my initials before each item below, I also understand that:

\_\_\_\_\_ The information regarding all cases is confidential and may not be discussed outside the agency.

\_\_\_\_\_ Any breach in confidentiality will result in immediate termination from the program.

\_\_\_\_\_ After successfully completing my training, I will be expected to serve a minimum of two (2) hours per week for at least one year as a Court Appointed Special Advocate. If unforeseen circumstances prevent me from fulfilling this contract, I will give the Program advance notice and submit a written resignation.

\_\_\_\_\_ I understand and agree that by submitting this application, I am authorizing CASA of Mendocino & Lake Counties to make inquiries concerning my suitability as a volunteer, including a check for any past criminal record. I

concur that the District Attorney may conduct this investigation. I also authorize inquiries into any and all previous or current involvement between me and/or my family and Child Welfare Services, and hereby give my consent to said Agency to release any and all information regarding this involvement. I understand that these records will be maintained in my file for up to seven (7) years after my termination or resignation from the CASA program.

**The information requested in this application and such as may otherwise be obtained will be used only for the purpose of determining suitability as a volunteer. All information will be held in confidence.**

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Applicant Signature

Date

*Criteria used in the selection of volunteers will be such as to ensure that the individual is able to meet the responsibilities of a Court Appointed Special Advocate (CASA). No individual will be rejected because of race, color, religious creed, national origin, sex, age or marital status. Any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the CASA program will be rejected.*

CONFIDENTIAL

## AUTHORITY TO RELEASE INFORMATION

I hereby authorize a representative of the Court Appointed Special Advocates, or CASA, of Mendocino & Lake Counties to conduct an investigation on my background in conjunction with their official duties.

I hereby authorize the release of the State Summary Criminal History information maintained by the Department of Justice (Penal Code section 11105), records of all convictions involving any sex crimes (Penal Code section 11105.2), and any other criminal records concerning me, to CASA of Mendocino & Lake Counties or its official representative.

I hereby authorize any law enforcement agency to conduct a criminal records check and to release the results of said criminal records check to CASA of Mendocino & Lake Counties or its official representative.

I further authorize inquiries into any and all previous or current involvement between my family members, and/or the Department of Social Service Child Welfare Services, and me.

This release is executed by me with full knowledge and understanding that the information to be obtained about me is for official use of CASA of Mendocino & Lake Counties.

I declare under penalty of perjury that:

- I have been known only by the following names: (Print or type all aliases, including maiden name and nicknames.)

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

- I have no prior criminal history \_\_\_\_\_ (initials); or, that I have the following criminal history:

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

- I am a  Male  Female, and my date of birth is \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CASA OF MENDOCINO & LAKE COUNTIES TRANSPORTATION POLICY

Transportation by volunteers in personal vehicles of children or other persons during the course of performing their duties and responsibilities is NOT mandatory. However, should you choose to transport CASA children, it is extremely important to consider their safety as well as your own safety and liability.

**The following guidelines must be adhered to when transporting CASA children or their family members:**

### **DRIVERS:**

- 1) Only volunteers with valid state-issued driver's licenses are allowed to transport CASA children.
- 2) CASA volunteers transporting a CASA child shall not exceed the posted speed limit.
- 3) Every CASA volunteer must complete and sign annually "The Transportation Policy" in order to be authorized to transport a CASA child.
- 4) CASA volunteers transporting a CASA child shall first obtain permission from the agency having care, custody, and control of their CASA child for the transportation and inform CASA staff of the intent to transport their child in their vehicle.
- 5) CASA volunteers are responsible for the passengers in their vehicle. The driver should not begin to transport any person(s) until such person(s) have complied with the safety guidelines (1-5) detailed below for passengers:

### **PASSENGERS:**

- 1) All adult passengers (over the age of 18) must wear seatbelts.
- 2) All children between the age of seven (7) and eighteen (18) must wear their own seatbelts and must not sit on adult's laps.
- 3) All children from birth through age six (6) are required to ride in the back seat in a properly secured child passenger safety restraint until they are at least 6 years old or weigh 60 pounds per California Law. Be sure that the child is securely fastened and the seat is securely fastened in the vehicle. Children who do not fit in the child safety seat must wear their own seat belts.
- 4) It is each volunteer's responsibility to safely transport CASA children and their family members. If you have more than one (1) child that requires a child safety seat, do not transport the additional child or children unless you can borrow or provide a child safety seat for each additional child.

### **PROOF OF INSURANCE**

All CASA volunteers must maintain current proof of insurance for their vehicle and a copy of the insurance must be kept in the volunteer personnel files in the CASA office.

### **REFUSAL OR TERMINATION FOR CAUSE**

- 1) Any CASA volunteer who receives two (2) or more moving traffic citations in a six (6) month period will be suspended from transporting CASA children for a minimum of six (6) months, or until their record is free of moving traffic citations for a period of six (6) consecutive months, whichever is greater. Any subsequent moving violations will result in a permanent prohibition from transportation of CASA children.
- 2) Any CASA volunteer who is charged with fault in two (2) or more vehicular accidents in a twelve (12) month period will be suspended from transporting CASA children for a minimum of twelve (12) months, or until their record is free of at-fault accidents for a period of twelve (12) consecutive months, whichever is greater. Any subsequent at-fault accidents will result in a permanent prohibition from transporting CASA children.
- 3) Volunteers who have been convicted of DWI or DUI (Driving While Intoxicated or Driving Under the Influence) within the last five (5) years shall not be permitted to serve as Court Appointed Special Advocates and may not transport a CASA child.



**ACKNOWLEDGEMENT AND AGREEMENT**

I understand that CASA of Mendocino & Lake Counties will monitor my driving record through the California Department of Motor Vehicles Pull Notice Program which will in turn provide notice to CASA of any subsequent violations. By signing below I acknowledge receipt of a copy of this policy, and agree to abide by the guidelines set forth within it, as well as all laws pertaining to the operation of a vehicle as prescribed by the California Vehicle Code when I am on any business for or to do with the Court Appointed Special Advocates of Mendocino & Lake Counties.

\_\_\_\_\_  
CASA Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CASA Program Manager Signature

\_\_\_\_\_  
Date

CONFIDENTIAL

COURT APPOINTED SPECIAL ADVOCATE  
PLEDGE OF CONFIDENTIALITY

Both the California Penal Code and the Welfare & Institutions Code emphasize the importance of keeping all records relating to juvenile matters, including court documents, confidential. As a volunteer or employee for the CASA of Mendocino & Lake Counties program, you will have access to confidential information about the children and families we serve. It could involve prior arrest records and other pertinent facts and data. **ALL OF THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE SHARED WITH ANYONE.** This is important to remember, as it is a misdemeanor offense to give out any of this information without proper authorization.

***By signing below, I, \_\_\_\_\_, shall hold in confidence all pertinent information shared with me. I will not violate the confidential relationship between CASA of Mendocino & Lake Counties and its volunteers, nor those with any related agencies, Courts or parties interviewed.***

***I hereby accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this agreement.***

\_\_\_\_\_  
Volunteer Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CASA Program Manager Signature

\_\_\_\_\_  
Date