

Child Advocates of Northeast Oklahoma, Inc.
Volunteer Application Form

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(Please Print or Type)

Last Name _____ First Name _____ Middle _____

Home Address _____ Apt. # _____

City _____ State _____ Zip _____

County _____ Social Security Number _____

Home Phone Number _____ Home Email Address _____

Cell Phone Number _____ Fax Number _____

Employment Status: Full-time Part-time Student Not Employed Retired

Career Type: Attorney Education Government Legal Medical Teacher Other

Income: \$15,000-\$20,000 \$20,001-\$30,000 \$30,001-\$40,000 \$40,001-\$50,000 \$50,001-\$60,000
 \$70,000+ Other

Place of Employment _____

Position _____ Phone Number _____

Email Address _____ Fax Number _____

May we call or email you at work? Yes No

Gender: Male Female Date of Birth _____

Emergency Contact and Phone Number _____

Ethnic Origin: Hispanic/Latino Not Hispanic/Latino

Race: African-American Asian-American Caucasian Latino/Hispanic
 Native American Other Unknown Multiracial

Education: Some High School GED High School Some College
 College Post-Graduate Other Unknown

College Major _____ Degree _____

What is your primary language? English Spanish Signing
 French Other: _____

Referred by: Brochure/Flyer Friend Internet Local Newspaper
 Local Radio NCASAA National Media Other
 Volunteer Referral Agency Corporation Theta Specifically _____

Do you drive? Yes No

Do you have regular access to a car? Yes No

Marital Status: Single Married Divorced Widowed Separated Unknown

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Spouse's Name _____ Spouse's Occupation _____

Spouse's Place of Employment and Phone Number _____

Do you have children? Yes No If so, what are their ages? _____

Do you have any training or experience in any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Criminology |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Advertising or Public Relations |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Art or Graphic Design |
| <input type="checkbox"/> Education | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> News Media | <input type="checkbox"/> Child Development |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Drug or Alcohol Abuse Programs | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Fundraising |

What experience do you have working with children? _____

Other Skills and Special Interests: _____

List your community activities and memberships in clubs, religious, and professional groups and other organizations: _____

Please list below three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity who would be willing to be a reference for you and fill out a short form.

Name _____ Address _____

Phone Number _____ City, State, Zip _____

Name _____ Address _____

Phone Number _____ City, State, Zip _____

Name _____ Address _____

Phone Number _____ City, State, Zip _____

Have you ever been arrested? Yes No

Do you consent to a routine check of your criminal records? Yes No

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Can you think of any reason why a judge might be reluctant for you to serve as a CASA Volunteer?

Are you prepared to complete 30 hours of pre-service training and a minimum of 6 hours per year of in-service training? Yes No

Does your schedule permit you to attend meetings, court hearings, or foster care reviews during the workday? Yes No

What do you feel are the strengths and weaknesses that you bring to this program?

Please describe any personal or professional experiences you have had which involved child abuse or neglect, the Department of Human Services, the juvenile court system, foster care, or other agencies offering services to children:

Write a brief statement on why you have chosen to work with the CASA program at this particular time:

I hereby affirm that all of the answers provided on this application are true and correct. I hereby authorize Child Advocates of Northeast Oklahoma, Inc. and any law enforcement agency they authorize, to investigate my background, including a Social Security Number verification, to determine my fitness as a volunteer. I understand that my refusal to sign a background check authorization will result in rejection of this application. I understand that if it is found that I have been convicted of, or have 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's credibility, I will not be accepted as a CASA volunteer.

I affirm that I have received and read a copy of Child Advocates of Northeast Oklahoma, Inc.'s Drug Screening Policy, and I shall submit myself for a pre-service drug screening at the testing site designated by Child Advocates of Northeast Oklahoma, Inc.. I understand that if the test and subsequent re-checks are positive for substances, I will not be accepted as a CASA volunteer. If accepted by the program, I understand that I will be subject to random drug screening for the remainder of my service as a volunteer, on a timetable to be set by Child Advocates of Northeast Oklahoma, Inc. management.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA volunteer. Further, I understand that completion of training does not guarantee that I will be assigned a case. If I have successfully completed the training and have met all other requirements, and it has been determined that I am a suitable volunteer, I understand that I will be expected to serve a minimum of one year in the CASA Program. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written resignation to the Program Director with as much advance notice as possible. I am aware of the sensitive and confidential nature of the official documents, reports, and other material that I will examine in my capacity as a CASA volunteer. I will discuss these matters only with those persons directly involved in the case or who will be consulted for their professional knowledge and expertise.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals, and/or philosophies of the CASA Program and their desire to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

Applicant's Signature _____ Date _____