

CASA of Santa Barbara County  
South County Office  
118 East Figueroa Street  
Santa Barbara, CA 93101  
Phone: (805)845-8364  
Fax: (805) 845-8371  
[www.sbcasa.org](http://www.sbcasa.org)



CASA of Santa Barbara County  
North County Office  
120 E. Jones St., Ste. 100  
Santa Maria, CA 93454  
Phone: (805)739-9102  
Fax: (805)739-9152

**VOLUNTEER APPLICATION**

Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
City: \_\_\_\_\_ Sex: Female  Male   
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Is a Car available to you? Yes  No   
Cell Phone #: \_\_\_\_\_ Do you have Auto Insurance? Yes  No   
E-mail Address: \_\_\_\_\_ Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Are you currently... Employed  Retired  Unemployed  Student   
Please list any names you have used in the past: \_\_\_\_\_

Are you applying for... Advocate  Internship   
How did you become aware of CASA? \_\_\_\_\_  
Please state why you would like to be a volunteer for CASA: \_\_\_\_\_

**I. FAMILY/HOUSEHOLD**

Name of Spouse (if married): \_\_\_\_\_  
Children: 

	<u>Name</u>	<u>Date of Birth</u>
	_____	_____
	_____	_____

  
Other members of household: 

	<u>Name</u>	<u>Relationship</u>
	_____	_____
	_____	_____

  
In case of emergency, contact:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**II. PAID/UNPAID WORK HISTORY**

Current Occupation: \_\_\_\_\_ Title: \_\_\_\_\_  
Name of Current Employer/Volunteer Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_ May you be reached at work? Yes  No   
Please give a brief description of your current job responsibilities: \_\_\_\_\_

Previous Occupation: \_\_\_\_\_ Title: \_\_\_\_\_  
 Name of Employer/Volunteer Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Work Phone #: \_\_\_\_\_ Years Worked: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**III. EDUCATION/TRAINING/EXPERIENCE**

Please circle the highest grade completed and identify all schools by name.

	<b>Date Completed:</b>	<b>Name of School:</b>	<b>Area of Study:</b>
<b>High School</b>	_____	_____	_____
<b>GED</b>	_____	_____	_____
<b>College 1 2 3 4</b>	_____	_____	_____
<b>Graduate School</b>	_____	_____	_____

If you are currently a student, are you... Full Time  Part Time   
 Name of School: \_\_\_\_\_ Area of Study: \_\_\_\_\_

Successful completion of 30 hours of initial training is required prior to acceptance into the CASA program.  
 Can you commit to the training with advance notice? Yes  No

Other Educational/Training programs completed: \_\_\_\_\_

Do you have training and/or work experience in any of the following areas?

- child care       counseling       health care       law       writing
- child development       criminology       law enforcement       psychology
- drug/alcohol       mental health       public speaking
- abuse

If yes, please describe: \_\_\_\_\_

Please list your current memberships/affiliations in community groups, professional organizations, churches and clubs:

<b>Agency/Name:</b>	<b>How Long:</b>	<b>Activities:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any prior/current volunteer experiences: \_\_\_\_\_

Have your life experiences included working with people of different races and socio/economic circumstances? Yes  No

Please explain: \_\_\_\_\_

Please describe any experiences you have had working with children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state any experiences (personal and/or professional) you have had concerning issues of physical, sexual, and emotional abuse or neglect/abandonment of children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you speak any language other than English?      Yes       No   
If yes, what language(s): \_\_\_\_\_  
At what level of proficiency: \_\_\_\_\_

**IV. LEGAL HISTORY**

Have you ever been convicted of a crime?      Yes       No   
If yes, state the name and nature of offense, locality, and disposition (do not include juvenile offenses if the record has subsequently been sealed by court order. Do not include traffic offenses, unless they resulted in the issuance of a warrant).

<b>Name of offense:</b>	<b>Nature of offense:</b>	<b>Locality:</b>	<b>Disposition:</b>
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been involved in a juvenile court case (as an adult or child)?      Yes       No   
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been the subject of a child abuse investigation?      Yes       No   
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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's credibility is not accepted as a CASA volunteer.

If an applicant is found to have committed a misdemeanor or felony that is unrelated to or would not pose a risk to children, and would not negatively impact the credibility of the CASA Program, the CASA Program will consider the extent of the rehabilitation since the misdemeanor or felony was committed and other factors that may influence the decision to accept the applicant as a CASA volunteer.

**PERSONAL REFERENCES**

Please print names, addresses, zip codes, and phone numbers of people, unrelated to you, who have known you for at least five years, who know you well, and who can address how you relate to children/people in general, and how well you could fulfill the responsibility of a CASA. The CASA program staff will mail reference forms to the people you list.

Name: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Length of Acquaintance: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Length of Acquaintance: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Length of Acquaintance: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**AFFIRMATION AND RELEASE**

I, \_\_\_\_\_, hereby affirm that all of the answers on this volunteer application for CASA of Santa Barbara County are true to the best of my knowledge. I hereby authorize CASA of Santa Barbara County to investigate my background to determine my fitness as a potential CASA volunteer. I will allow the program to submit fingerprints that I will provide for a criminal history check. I understand that the information requested in this application will be used only for the purpose of determining my suitability as a Court Appointed Special Advocate and becomes the property of CASA of Santa Barbara County upon my submission. Further, I understand that after the successful completion of my screening and training, in my capacity as a CASA, I will be expected to serve a minimum of one year or for as long as the child (or children) to whom I am assigned are under the court's obligation. If I am unable to fulfill this obligation, I will submit my written resignation to the program supervisor as soon as possible. I am aware of the sensitive and confidential nature of the official documents, reports, and other material I will examine in my capacity as a CASA volunteer. I will discuss the contents of this material only with those persons who are parties to the case, their legal representatives, or those persons who will be consulted for their professional knowledge or expertise.

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of CASA applicant