

# Volunteer Application

Thank you for applying to become a CASA volunteer! If you have trouble with this form, please contact [volunteer@sbcasa.org](mailto:volunteer@sbcasa.org) or call 805-868-8890. We are happy to provide a paper application if that is preferred.

## CASA Volunteer Application

I am over 21 years old and have read the information about and want to become a volunteer: \*

- Yes
- No

You must be over the age of 21 in order to become a CASA volunteer. To find additional ways to get involved, please email [info@sbcasa.org](mailto:info@sbcasa.org)

First name *	Middle Name *	
<input type="text"/>	<input type="text"/>	
Last name *	E-mail address *	
<input type="text"/>	<input type="text"/>	
I am willing to serve on a case in (select all that apply):		
<input type="checkbox"/> Santa Barbara/ Goleta/ Carpinteria <input type="checkbox"/> Santa Maria/ Guadalupe		
<input type="checkbox"/> Lompoc/ Santa Ynez Valley <input type="checkbox"/> I am applying to be a Family Visits Volunteer		
<input type="checkbox"/> I can serve anywhere in the county		
<b>Personal Information</b>		
Maiden / Prior name / AKA	Date of birth *	
<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	
Home address *		
<input type="text"/>		
City *	State *	Zip code *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary phone *	Secondary phone	
<input type="text"/>	<input type="text"/>	
Drivers license # *	State	
<input type="text"/>	<input type="text"/>	
Marital status *	Gender	No. of children
<input type="text" value="Single"/>	<input type="text" value="Male"/>	<input type="text"/>
Do you have auto insurance?		
<input type="radio"/> Yes		
<input type="radio"/> No		
Other member of household	Relationship to you	
<input type="text"/>	<input type="text"/>	
Other member(s) of household	Relationship to you	
<input type="text"/>	<input type="text"/>	

**Emergency Contact**

Name	Relationship to you
<input type="text"/>	<input type="text"/>
Address	Phone
<input type="text"/>	<input type="text"/>

**Employment Information**

Current employment status ▼

Address	Work Phone
<input type="text"/>	<input type="text"/>
Work e-mail	Supervisor
<input type="text"/>	<input type="text"/>

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?

- Less than 6 months
- 6 months to 1 year
- 1-3 years
- 3-6 years
- 7 years or more

Have you served in the armed forces?

Duration:

Description

**Education Information**

High school: Highest grade completed

- 9  10  11  12

College, graduate, post-graduate completed

- 13  14  15  16  17  18  19  20  21

Major

Degree

Currently in School?

- Yes  
 No

Do you have any special skills or licenses?

- Yes  
 No

How did you become aware of the CASA program?

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

- Yes  
 No

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

- Yes  
 No

List community service organizations or clubs to which you belong:

Previous and/or current volunteer activities:

Successful completion of 30 hours of initial training is required prior to acceptance into the CASA program. If given advance notice of the training schedule, will you be able to commit to this training?

- Yes  No

Do you have training and/or work experience in any of the following areas? Please check all that apply.

- Child care  Child development  Counseling  Criminology  Drug/alcohol abuse  Health care  Law  Law enforcement  
 Mental health  Psychology  Public speaking  Writing

**For Case Matching and Statistical Purposes**

Race/ Ethnic Background

Languages Spoken

Are you willing to work with all ages of children?

- 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.

Would you be willing to travel to maintain contact?

- Yes
- No
- Possibly

**Background Information**

Have you been:

Arrested for a crime against a child? ·

- Yes
- No

Arrested for a violent felony? ·

- Yes
- No

Arrested for a sex crime? ·

- Yes
- No

Convicted of any crime (excluding vehicle code infractions, but including vehicular misdemeanors or felonies? Disclaimer DUI, misdemeanors, etc ...) ·

- Yes
- No

*Please note - drug/substance (DUI/DWI) violations: Violations under 5 years are reason for exclusion from serving as a CASA volunteer due to Program Policy and Insurance requirements.*

Are you currently undergoing prosecution for any crime (excluding vehicle code infraction, but including vehicular misdemeanors and felonies)? ·

- Yes
- No

Have you ever been arrested convicted of a crime not mentioned above? ·

- Yes
- No

Are you, or have you ever been, the sibling, household member, parent, significant other or spouse of a child who has been the subject of a report to a Child Protective Agency? ·

- Yes
- No

Are you, or have you ever been, the sibling, household member, parent, significant other or spouse of a child who has been an adjudicated dependent of any juvenile court? ·

- Yes
- No

Are you, or have you ever been, the sibling, household member, parent, significant other or spouse of a child who has been placed under informal supervision in any county's children Social Service Agency? ·

- Yes
- No

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

Have you had a personal experience involving (check all that apply)

- Child Welfare
- Foster Care
- Juvenile Court
- Other agencies offering services to a child

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

Would you be interested in helping with other areas of CASA work? (Please check all that apply)

- Advocate panels
- Fundraising
- Office work
- Public Speaking
- Publicity
- Special events
- Training

**References**

Please list three (3) personal references. One must be employer or co-worker if employed. Teachers, ministers, volunteer supervisors or similar may be used in place of employer if unemployed. 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.

Name *	Reference Email Address	Does not have email
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> no email
Relationship (how this person knows you)		
<input type="text"/>		

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Name *	Reference E-mail Address	Does not have email
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> No email
Relationship (how this person knows you)		
<input type="text"/>		

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Name *	Reference E-mail Address	Does not have email
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> No email
Relationship (how this person knows you)		
<input type="text"/>		

**Submit**

After submitting your application, be sure to RSVP for an info session with a CASA staff member. I certify that the above information 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.

Print full name \*