

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name (first, middle, last) _____ Maiden name _____

Home address _____ Date of Birth ___/___/___

City _____ State _____ Zip _____

Have you lived outside Illinois in the past 5 years? _____

Where? _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Fax # _____

Email address: _____

Social Security # _____ Drivers License #/State ID _____

Emergency Contact _____ Emergency Phone # _____

DEMOGRAPHICS

Ethnicity (*circle one*) African American Asian American Caucasian Filipino
 Latino Middle Eastern Native American
 Pacific Islander Other _____

Education (*circle one*) High School GED Some College College
 Some Post Graduate Post Graduate Other
 Degrees or Certificates Earned _____

Foreign Languages Spoken (including sign language) _____

EMPLOYMENT STATUS

Employment (*circle one*) Full time Part time Not Employed Student Retired

Place of employment or school attending _____

Address _____ Title _____

City _____ State _____ Zip _____

Work hours _____ Description of work _____

REFERRED BY

(*circle one*) Local Newspaper Friend Internet Flyer Radio TV Show
 Volunteer Referral agency National CASA Other _____

REFERENCES

Please list the names and addresses of three people who would be able to provide a knowledgeable reference for you. **Do not list relatives.** Please include at least one person who knows you in a professional capacity such as an educator, employer, volunteer supervisor or clergy member.

- 1. Name _____ Phone # _____
Address _____ Relationship _____
City _____ State _____ Zip Code _____
- 2. Name _____ Phone # _____
Address _____ Relationship _____
City _____ State _____ Zip Code _____
- 3. Name _____ Phone # _____
Address _____ Relationship _____
City _____ State _____ Zip Code _____

List any hobbies, sports, crafts or other interests you have.

Are you a member of any community service organizations or clubs?

Please describe other volunteer experiences, including nature and length of each position.

Please list any training, education, seminars, etc. you received as a volunteer with another organization.

Describe any knowledge, strong interests, skills, etc. you would bring to CASA.

Describe any experience you have working with children.

List any experience you may have had with social service agencies, juvenile court, or alcohol/substance abuse treatment programs as a staff person, volunteer or client.

How many hours a week can you volunteer for CASA? _____

Are you willing and able to make the following commitments?

| | | |
|--|------------|-----------|
| Complete the CASA basic volunteer training | YES | NO |
| Complete 12 hours of continuing education annually | YES | NO |
| Volunteer actively on your case at least 10 hours a month | YES | NO |
| Visit your assigned child at least twice per month | YES | NO |
| Participate in court hearings when necessary | YES | NO |
| Stay with your assigned case for a minimum of 1 year | YES | NO |
| Work with children who have suffered abuse and neglect | YES | NO |

Describe any reason or circumstance that might prevent you from carrying out your commitment as a child advocate.

Have you ever been arrested or convicted of a crime? If so, please explain.

Please write one paragraph describing why you want to become a CASA volunteer

BACKGROUND CHECK

CASA of McHenry County completes both a criminal and a Department of Children and Family Services (DCFS) background check for each volunteer. Any applicant who has been convicted of any felony or a misdemeanor involving a sex offense, child abuse or neglect or related acts that would pose risks to children or to the CASA program's credibility is not eligible to be a CASA of McHenry County volunteer.

AFFIRMATION AND RELEASE

I, (full name) _____, affirm that all of the information provided on this application is true and accurate. I hereby authorize CASA of McHenry County and any law enforcement agency they authorize to investigate my background to determine my fitness as a potential volunteer. ***I understand that providing false information on this application will disqualify me as a CASA of McHenry County volunteer.***

I understand that the information requested on this application will only be used to determine my suitability as a CASA volunteer. I also understand that completing the CASA of McHenry County training does not guarantee that I will be assigned a case. If I have successfully completed the training program 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 as an advocate on the case that I accept for the length of time that the case remains open in Juvenile Court. If unexpected circumstances prevent me from fulfilling this obligation, I will submit my written resignation to CASA of McHenry County with as much advance notice as possible. ***I agree to return all materials regarding my case to the CASA office within 7 days of my resignation.***

I further understand that the information that I have received as a CASA volunteer is **highly confidential**. Case information cannot be discussed, shared, or disseminated to anyone other than CASA staff, the Court including the GAL, State's Attorney, and Public Defender or the social service worker or agency involved in the case. ***Inappropriately discussing a case with others can result in dismissal from CASA duties.***

In addition, I understand that if, for any reason, ***it becomes apparent that my behavior or activities are contrary to the policies, goals, and/or philosophies of the CASA program and their mission to provide quality advocacy services to abused and neglected children, my services as a CASA will be terminated.***

By signing this application, I acknowledge that I have read the entire application including this release and that I understand the content and agree to be responsible for the information contained within.

Signature

Date

Printed name of signatory

Mail, fax, or email completed application to: **CASA of McHenry County, 518 S. Route 31, Suite 205
McHenry, IL 60050
Phone (815) 363-5920 Fax (815) 363-5930
Email info@casamchenrycounty.org**