



Dear Volunteer Applicant,

Thank you for your interest in becoming a CASA volunteer and your request for more information. Being a CASA volunteer is a very rewarding experience because you can make a difference in the life of an abused or neglected child. Volunteering at CASA is both fulfilling and enriching because your impact on young lives is so meaningful and significant.

This packet includes the following:

- Information about our application process and volunteer opportunities
- An application form
- A Personal Statement to be answered in detail typed on separate sheet of paper
- Authorization forms for release of information

Once we have received your completed application, we may invite you for an interview. All CASA volunteer applicants must complete a thorough screening and background check, send references, and be interviewed by CASA personnel.

CASA does not discriminate on the basis of race, color, creed, religious preference, gender, disability, sexual preference or veteran status. Unfortunately, not every applicant will be accepted for a volunteer position. CASA reserves the right to deny a volunteer position to any applicant without explanation.

Thank you in advance for your time and interest in helping to speak up for children in foster care. We look forward to meeting you.

If you have any questions, please don't hesitate to call us at 973-832-4002. Any of our staff would be happy to speak with you.

Sincerely,

Erica Fisher-Kaslander

Executive Director



CASA

Court Appointed Special Advocates
FOR CHILDREN

PASSAIC COUNTY

Return completed applications to:

*Passaic County CASA
573 Valley Road, Suite 2, Wayne, NJ 07470
Tel: 973-832-4002 Fax: 973-786-8892
info@passaiccountycasa.org*

**Passaic County CASA
VOLUNTEER ADVOCATE APPLICATION**

Volunteer Advocates must be 21 years of age or older

The purpose of the volunteer application and interview is for CASA staff to learn more about you, for you to learn more about the role of being a CASA volunteer, and to determine if this volunteer opportunity is a good match for your interest and skills. An invitation to be interviewed and/or accepted into training does not guarantee acceptance into the program.

PERSONAL HISTORY

Name: _____
LAST FIRST MI

Address: _____

Telephone: H:() _____ W: () _____ C: () _____
E-mail _____

Sex: MALE FEMALE

Date of Birth: _____ Place of Birth: _____

Marital Status: _____

Children (names and ages) _____

Are you a U.S. Citizen? Yes ___ No ___ If no, current status? _____

How long have you lived in County? _____

Have you lived in another State(s) _____ If so, which? _____

STATISTICAL INFORMATION

The following information is for statistical purposes only.

Ethnicity: Asian/Pacific Islander African American Hispanic/Latino Caucasian
American Indian/Alaskan Native Other _____

Work: Full Time Part Time Retired Student Not Working

WORK HISTORY

(You may attach your resume)

Please list, at least, your last 3 employers, including part time, seasonal, or temporary employment. Begin with the most recent.

1. Employer: _____

Address: _____

Dates of Employment: _____ Job Title: _____

Reason for Leaving: _____

2. Employer: _____

Address: _____

Dates of Employment: _____ Job Title: _____

Reason for Leaving: _____

3. Employer: _____

Address: _____

Dates of Employment: _____ Job Title: _____

Reason for Leaving: _____

EDUCATION

Please indicate the highest grade completed.

High School: (9-12) _____ **College: (1-4)** _____ **Graduate: (1-4)** _____

Name of High School: _____

Name of College: _____

Major: _____ Degree: _____ Year Graduated: _____

Other (Graduate, Vocational, Professional): _____

Major/Course: _____ Degree: _____ Year Graduated: _____

Are you currently enrolled in school? YES NO

If yes, name of school and course of study: _____

SPECIAL INTERESTS, AFFILIATIONS AND ACTIVITIES:

List your community activities, affiliations, and memberships (religious, civic, social, etc.):

List current and previous volunteer work:

Hobbies/Special Interests:

Languages spoken (*besides English*): _____

Do you have any training or experience in any of the following: (check all that apply)

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

If you answered yes to any of the above, please describe your training/experience:

Do you drive? (Please check box) YES NO **Do you have an available vehicle?** YES NO

Driver's License Number (N/A if none): _____

TIME COMMITMENT

Are you willing to complete a **minimum of 30 hours** of pre-service classroom training? YES NO

Are you willing to dedicate **10-15 hours a month** to this position? YES NO

Do you have flexibility within your daytime schedule to occasionally attend hearings and meetings (with notice)? YES NO

Are you willing to commit to at least 1 year of volunteer service as an Advocate? YES NO

PRELIMINARY SCREENING/BACKGROUND INFORMATION

Do you consent to a routine criminal and Child Abuse Registry check? YES NO

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN ON PAGE 8:

Have you ever been arrested for a crime? YES NO

If yes, what charge? _____

Date of Arrest: _____ Where? _____

Have you ever been the subject of a child abuse/neglect investigation by the Division of Youth and Family Services (DYFS), or any other child welfare agency? YES NO

Have you ever been arrested/charged or convicted of any sexual misconduct? YES NO

Are you now, or have you ever been, a foster parent or resource home provider? YES NO

Do you have any physical or mental health issues we should be aware of that may affect your ability to drive, use stairs, walk small distances, work directly with children or otherwise perform your duties? YES NO

Can you think of any reason why a Passaic County Family Court Judge might be reluctant for you to serve as a sworn officer of the court and a CASA volunteer advocate? YES NO

Any applicant having a charge or conviction for a crime involving a sex offense or child abuse will not be accepted as a CASA volunteer. Applicants with other criminal charges will be evaluated on a case-by-case basis. Any applicant with an open DYFS investigation or open criminal proceeding, including parole/probation is ineligible until the case is closed, at which time they will be evaluated on a case-by-case basis.

REFERENCES

Personal References: Please provide the name of three non-family members, who have known you well for at least one year.

1. Name: _____

Address: _____

Phone: _____ Email: _____

2. Name: _____

Address: _____

Phone: _____ Email: _____

3. Name: _____

Address: _____

Phone: _____ Email: _____

Employer Reference: Please list the name of one person who has supervised you in a professional capacity, (either current or previous.) Volunteer work is acceptable.

4. Name: _____

Title: _____

Address: _____

Phone: _____ Email: _____

How did you hear about CASA? _____

PERSONAL STATEMENT

On a separate sheet of paper, please write a brief statement about why you are interested in becoming a CASA volunteer, what you hope to gain from the experience, and any additional information you feel we should know about you. (1-2 pages) This statement must be typed.

ADDITIONAL INFORMATION AND EXPLANATIONS

Please use the space below to further explain any of the marked "yes" answers from page 5, or to provide further information you feel is relevant.

QUESTION NUMBER

EXPLANATION

Additional Comments or Information:

Thank you for your interest in volunteering with Passaic County CASA.

AFFIRMATION AND RELEASE

I hereby affirm that all of the answers provided in my volunteer application are true. I hereby authorize the Passaic County Court Appointed Special Advocate Program to investigate my background to determine my fitness as a potential volunteer. I agree to be fingerprinted by the Passaic County Sheriff's Department during CASA Advocate training. I understand that they will check them against the state and federal database. I understand that as a condition to obtaining a volunteer position with CASA of Passaic County and the Superior Court of New Jersey a request for a criminal history record will be filed with the Passaic County Sheriff's Department, the State Police and the FBI. Further, I authorize CASA of Passaic County to conduct a *Sex Offender Registry* check using my name and birth date. I also give my permission for a *DCF Child Abuse Record Information* check to be completed. I understand that *Reference Requests* will be sent to those individuals whose names I have provided.

I give permission for CASA of Passaic County to check with other CASA programs regarding any prior interactions with them. In sum, I give my permission for any personal or professional checks needed by Passaic County CASA to consider my application to be complete. I understand that my refusal to give this permission will result in my rejection from the Passaic County CASA program.

I understand that the information requested in this application will be used only for the purpose of determining my suitability as a CASA volunteer.

I agree to let the CASA Executive Director know immediately if I am faced with any criminal charges and to abide by the policy that no volunteer may be associated with CASA who has been convicted of or charged for a felony or misdemeanor involving sex offense, child abuse, neglect, or related acts that could pose risks to children or the CASA program. I understand that I must participate in an interview with CASA staff, which will remain confidential unless a crime against children or vulnerable persons or a reportable act of child abuse or neglect pursuant to N.J.S.A. 9:6-8 is revealed, as part of the screening process to become an advocate. If selected for training, I understand that I must attend all the training sessions provided by CASA.

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 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 with those 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 philosophy of the CASA program and their ability to provide quality services to abused and neglected children, my services as a CASA volunteer will be terminated.

I submit the statements on this application are true, complete, and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

Applicant's Signature _____ **Date** _____

FOR PROGRAM USE ONLY:

Date received: _____

Interviewed by: _____ Date: _____

Comments: _____

Do not forget to submit your personal statement on a separate piece of paper.

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

This authorizes Passaic County CASA to contact references and past employers for information regarding my ability to perform functions of a Court Appointed Special Advocate.

A PHOTOSTAT OF THIS AUTHORIZATION WILL BE VALID AS THE ORIGINAL.

Signature: _____

Printed name: _____

Date: _____

