



CASA/GAL of Eastern Montana
 Court Appointed Special Advocate Program

Volunteer Application
 (please print)

Name: _____

Address: _____

Telephone Number (home) _____ (work) _____

Fax Number: _____ E-mail: _____

Are you employed? Yes No If yes, Full – time Part – time

May you be called at work? Yes No Place of Employment _____

County of Residence _____ how long have you lived in this County _____

Marital Status: _____ If Presently married, Spouse name _____

Spouse Occupation _____ Phone No. _____

Children:

Name:

Date of Birth

Sex

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

Other Members of your Household:

Name:

Relationship:

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

Do you drive? Yes No Do you have an automobile available to you? Yes No

Can you provide documentations of current automobile insurance coverage? Yes No

What is the current status of your health? _____

YOUR EDUCATION (Circle highest completed)

High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Major: _____ Degree: _____

Are you presently enrolled in school? Yes No

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

WORK / VOLUNTEER HISTORY

1. Name and Address of present or last employer or volunteer project:

_____ Phone #: _____

Dates: _____ Supervisor's Name: _____

Brief Description of Work: _____

2. Name and Address of previous employer or volunteer project:

_____ Phone #: _____

Dates: _____ Supervisor's Name: _____

Brief Description of Work: _____

3. Name and Address of next previous employer or volunteer project:

_____ Phone #: _____

Dates: _____ Supervisor's Name: _____

Brief Description of Work: _____

List your current community activities and membership in clubs, faith community, professional groups and other organizations: _____

Languages Spoken: _____

Hobbies/Special Interests: _____

Approximately how much time can you contribute weekly as a CASA volunteer?

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

- | | |
|--------------------------------|---------------------------------|
| Medicine | Education |
| Mental Health | Criminology |
| Counseling | Law Enforcement |
| Psychology | Advertising or Public Relations |
| Drug or Alcohol Abuse Programs | News Media |
| Child Development | Writing |
| Child Care | Public Speaking |
| Social Work | Art or Graphics |
| Fundraising | |

If you circled any of the above, please describe: _____

Have you ever been arrested for a crime? Yes No

If yes, what charge? _____

Date of Arrest/Disp: _____ Where? _____

Can you think of any reason a judge might be reluctant to appoint you to a case?

Yes No If yes, which Judge? _____

If yes, Why? _____

Are you prepared to complete 30-35 hours of pre-service training and a minimum of 12 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 work day? Yes No

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

How did you learn about the CASA program? _____

Please write a brief statement explaining why you want to work with the CASA program?

PERSONAL REFERENCES

(Do not list relatives, and include at least one reference other than friends. If you are employed one reference should be from your employer.)

(please print)

1. Name: _____
Address: _____
Telephone Number: _____ Relationship: _____
2. Name: _____
Address: _____
Telephone Number: _____ Relationship: _____
3. Name: _____
Address: _____
Telephone Number: _____ Relationship: _____

AFFIRMATION AND RELEASE

I understand that by submitting this application, I authorize inquiries to be made concerning my suitability as volunteer. The information requested in this application and such as may otherwise be obtained will be used only for the purpose of determining suitability as a volunteer court appointed special advocate. All information will be held in confidence. The undersigned acknowledges and agrees that he/she is not obligated, if called upon, to perform the volunteer services herein applied for and that the agency is not obligated to assign, or actively to seek assign him/her to a voluntary service.

I hereby declare that the above information is true and correct to the best of my knowledge. I will assume all risks of injury occurring to me while on the premises of any client or injury occasioned to me while rendering my voluntary services to the client. I further agree that if my services involve transportation of any person that I will carry adequate liability insurance upon my vehicle and assume all risks and liability for injury occasioned to any recipient.

Signature: _____ Date _____

In case of emergency, contact _____ Phone: _____

PLEASE RETURN YOU COMPLETED APPLICATION TO:

**CASA/GAL of Eastern Montana, Executive Director
P.O. Box 1234
Miles City, Montana 59301
406-234-2354**

CASA/GAL OF EASTERN MONTANACOURT APPOINTED SPECIAL ADVOCATE
STATEMENT OF COMMITMENT

UPON APPOINTMENT as a Court Appointed Special Advocate, I agree:

- To act in a responsible professional manner as an Officer of the Court in accordance with CASA volunteer policies and procedures, Court policies and relevant laws.
- To be an independent advocate for the best interests of the child.
- To maintain objectivity.
- To keep all matters confidential.
- To treat all person with respect, fairness and courtesy regardless of race, religion or economic status.
- To complete all necessary court reports and documentation.
- To attend all hearings regarding the child and to monitor court orders in a timely manner.
- To maintain an active commitment to the child until the case has been dismissed or other disposition has been made by the court.
- To seek and accept support and supervision from program staff.
- To participate in ongoing training.
- To maintain commitment to the mission statement and goals of the program.

Volunteer signature

Date

WITH APPRECIATION for your willingness to serve your community in this fashion, and in recognition of the above pledge, we assure you of our support.

Executive Director / Program Director

Date

Presiding Judge

Date