



## Western Regional CASA

Serving Cabell, Wayne, Lincoln, Putnam, Boone, Kanawha & Jackson Counties

TEAM for West Virginia Children, Inc.  
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1-888-549-CASA

### CASA VOLUNTEER APPLICATION FORM

#### PERSONAL

Name \_\_\_\_\_  
First Middle Maiden Last

Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person to notify in emergency \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Your Date of Birth \_\_\_\_\_ Your Place of Birth \_\_\_\_\_

What county do you live in? \_\_\_\_\_ How long have you lived there? \_\_\_\_\_

Have you ever served as a CASA volunteer before? \_\_\_\_ Yes \_\_\_\_ No

Have you ever applied to be a CASA volunteer before? \_\_\_\_ Yes \_\_\_\_ No

Please list places of residence for the past 10 years (use back of page if additional space is needed)

City	County	State	Years Lived There
City	County	State	Years Lived There
City	County	State	Years Lived There

Ethnicity:  
\_\_\_\_ African-American \_\_\_\_ Hispanic \_\_\_\_ Caucasian \_\_\_\_ Native American \_\_\_\_ Other

Can you think of any reason a Judge may be reluctant to appoint you to a case? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our CASA Program? \_\_\_\_\_

Describe your experience working with children (paid or volunteer) : \_\_\_\_\_

Please list all persons living in your home (use back of page if additional space is needed)

Name	Relationship	Age	Place of Employment
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Name	Relationship	Age	Place of Employment
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Name	Relationship	Age	Place of Employment
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Name	Relationship	Age	Place of Employment
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Have you ever entered a treatment program relating to admitted incidents of child physical, emotional or sexual abuse that was **committed** by you? \_\_\_\_\_ Yes \_\_\_\_\_ No

## DHHR HISTORY

An applicant having a pending DHHR investigation may be disqualified as a CASA volunteer. An applicant having a substantiated allegation of abuse or neglect will be disqualified as a CASA volunteer.

Have you ever been investigated by the Department of Health and Human Resources for abuse and/or neglect?  
\_\_\_ Yes \_\_\_ No.

If yes, please explain:

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Have you personally experienced abuse, neglect or victimization as a child? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain what you have done to recover from it and how you believe it may effect how you work with children who have been abused.

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## CRIMINAL HISTORY

An 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 **will not** be accepted as a CASA volunteer.

Applicants with other misdemeanor or felony charges or convictions that would not pose a risk to children or negatively impact the credibility of the CASA Program will be considered on a case by case basis considering the time passed since the incident and the level of rehabilitation.

Have you ever been arrested for a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the charge(s)? \_\_\_\_\_

Date of arrest/Disposition: \_\_\_\_\_ County/State: \_\_\_\_\_

## CURRENT EMPLOYMENT

Current Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Phone No. \_\_\_\_\_

May you be contacted at work? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Brief description of work \_\_\_\_\_

## EMPLOYMENT HISTORY

Employer	Dates Employed	Supervisor's Name	Telephone Number

## 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: \_\_\_\_\_

Will you receive academic credit for your volunteer work? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Do you speak a foreign language? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

If yes, which language (s) \_\_\_\_\_

## SKILLS AND INTERESTS

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

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

Briefly describe any items that you checked on the Skills and Interests list:

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## AVAILABILITY

When would you be available for volunteer service and/or training? Check times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Are you willing to commit to one year of volunteer service? \_\_\_\_ Yes \_\_\_\_ No

How many hours per week are you available? \_\_\_\_\_

As a CASA Volunteer you will be required to attend court hearings for the children you represent.

Will you be able to arrange your schedule to attend these hearings? \_\_\_\_ Yes \_\_\_\_ No

Do you drive? \_\_\_\_ Yes \_\_\_\_ No

Do you have access to a car? \_\_\_\_ Yes \_\_\_\_ No

Driver's License Number: State \_\_\_\_\_ Number \_\_\_\_\_ (Please provide a copy of your license.)

## REFERENCES

Please provide three names to be used as Professional References. You should know these individuals for at least one year. Two of the references you should know professionally through your work, volunteer service, or academics. One may be a personal reference, excluding a family member. Completed Written Reference Forms must be returned to the CASA office PRIOR to being sworn in.

Three References:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PLEASE WRITE A SHORT AUTOBIOGRAPHY (1 page or less).**

*Western Regional CASA does not discriminate on the basis of race, color, creed, ancestry, citizenship, veteran status, marital status, national origin, religion, sex, disability, sexual orientation or age in the delivery of services, volunteer opportunities or employment/hiring practices.*

## Affirmation and Release of Information for Background Check

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 **will not** be accepted as a CASA volunteer.

Applicants with other misdemeanor or felony charges or convictions that would not pose a risk to children or negatively impact the credibility of the CASA program will be considered on a case by case basis considering the time passed since the incident and the level of rehabilitation.

I, \_\_\_\_\_ hereby affirm that all of the answers provided on my volunteer application are true. If I have misrepresented any information on this application I will be immediately disqualified.

Further, I hereby authorize Western Regional CASA of the TEAM for West Virginia Children, and any agency Western Regional CASA authorizes, to investigate my background to determine my fitness as a potential volunteer.

I further authorize the Department of Health and Human Resources to conduct a record check and to release the results of said records check to the Western Regional 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.

Further, 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. That year begins on the date of my swearing in by the Judge. 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 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 desire 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.

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

I attest to the fact that I have never been charged or convicted of child abuse including sexual, emotional, or physical; neglect; or any other crime against a child. I attest to the fact that I have been convicted of no other crimes, except as listed.

CHARGE/CONVICTION(S)

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**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_