

**Advocates for Children
Court Appointed Special Advocates
Application Form**

Section I. Personal Information

A. General Information

Name: _____ Date of Birth _____

Address: _____

Home Phone: _____ Social Security No. _____

Business Address: _____

Business Phone: _____ May we call you at work? Y/N

e-mail Address: _____

Emergency Contact Name: _____ Phone Number: _____

- Please list the name(s) of your child(ren):
Name

Date of Birth

- Please list other members of your household: (name and relationship)

B. Transportation

Do you have a valid driver's license? Y/N

Is a car available to you? Y/N

Insurance Company: _____

Liability Limits: _____

Policy Number: _____

Drivers License Number: _____

- I agree to maintain a minimum of \$100,000 in liability coverage and provide a copy of the Certificate of Insurance for verification purposes.
- I agree to provide a copy of my current driver's license.

C. Paid/Unpaid Work History

• Present Employer or Volunteer Supervisor: _____

Address: _____

Telephone: _____

Job Title: _____

Full Time or Part Time: _____

Dates of Employment: _____ to _____

• Previous Employer or Volunteer Supervisor: _____

Address: _____

Telephone: _____

Job Title: _____

Dates of Employment _____ to _____

• Previous Employer or Volunteer Supervisor: _____

Address: _____

Telephone: _____

Job Title: _____

Dates of Employment _____ to _____



Please list any community organizations to which you belong and offices currently or previously held:

Have you ever worked with children? When and in what capacity? _____

D. Education and Training

High School Diploma Yes / No Major / Minor: _____

Name of High School & Year Graduated: _____

College Diploma Yes / No Major / Minor: _____

Name of College and Years Attended: _____

Other Educational/Training Programs Completed: _____

E. Legal History

Have you ever been arrested? Yes / No

If yes, please explain: _____

Have you ever been involved in a juvenile court case (as an adult or child)? Yes / No

If yes, please explain: _____

Have you ever been the subject of a child abuse investigation? Yes / No

If yes, please explain: _____

F. Residence History

Please list your residential history for the past five (5) years:

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

Any person who has a conviction or charges pending for a felony or misdemeanor involving a sex offense, violent act, child abuse or neglect, or related acts that would pose risks to children or to the Advocates for Children program's credibility will not be accepted into the program. Any person who is found to have committed a misdemeanor or felony that is unrelated to or would not pose a risk to children and would not negatively impact the credibility of the Advocates for Children program will be evaluated on a situational basis by the staff. Staff will consider the extent of rehabilitation since the misdemeanor or felony was committed, as well as other factors that may influence the decision to accept the applicant as a CASA volunteer. Staff will also consider the impact that the criminal record may have on the credibility of the prospective volunteer in court, and the resulting possible effect on the child.

Section II. Personal References

Please print names, addresses, zip codes and telephone numbers of individuals you have known for at least two years. These should be people who know you well and who can address themselves to how you relate to children/people in general, and how well you could fulfill the responsibilities of a CASA volunteers. Please do not include relatives. Advocates for Children will send a questionnaire to the people named as references.

1. Name: _____ Relationship: _____

Address: _____

City/State/Zip Code: _____

Daytime telephone number: _____ Length of acquaintance: _____

2. Name: _____ Relationship: _____

Address: _____

City/State/Zip Code: _____

Daytime telephone number: _____ Length of acquaintance: _____

3. Name: _____ Relationship: _____

Address: _____

City/State/Zip Code: _____

Daytime telephone number: _____ Length of acquaintance: _____

4. Name: _____ Relationship: _____

Address: _____

City/State/Zip Code: _____

Daytime telephone number: _____ Length of acquaintance: _____

Section III. Motivation and Life History Information

Please answer the following questions in paragraph form on a separate sheet of paper.

1. Briefly explain what attracted you to this program. Include a short summary about your interest in volunteering and how you hope to benefit from the volunteer experience.
2. Please explain your philosophy of parenting, including the rights and responsibilities of both parents and children.
3. Finally, write a short autobiography (one or two paragraphs).

Section IV. Affirmation and Release

I, _____, hereby affirm that my responses on
(print name)

this application to become a Court Appointed Special Advocate(CASA) with Advocates for Children are

true to the best of my knowledge. I hereby authorize Advocates for Children to investigate my

background to determine my fitness as a potential CASA. I understand that the requested information in

this application will be used only for the purpose of determining my suitability as a Court Appointed Special

Advocate. Further, I understand that after the successful completion of my initial training, I will be expected to serve at

least one case for a minimum of two years, or for as long as the children/child to whom I am assigned are under the

court's jurisdiction. If unforeseen circumstances prevent me from fulfilling this obligation, I will submit my written

resignation to the Program Director as soon as possible.

Signature

Date

Witness

Please return completed application to: **Advocates for Children**

1531 13th Street, Suite 2110

Columbus, IN 47201

(812) 372-2808 or (812) 372-2817 FAX