

**APPLICATION FOR COURT APPOINTED SPECIAL ADVOCATE VOLUNTEER**  
**Children's Advocacy Programs of the Blue Ridge, Inc.**  
**SOUTHERN VA CHILD ADVOCACY CENTER**

Children's Advocacy Programs of the Blue Ridge, Inc. is an equal opportunity/affirmative action provider and employer and does not discriminate against otherwise qualified applicants on the basis of income, race, religion, color, sex, national origin, age, veteran status, sexual orientation, or disability for employment of volunteer opportunities within the agency.

**PERSONAL:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle/Maiden

Address \_\_\_\_\_  
Number & Street City State Zip Code

Date of Birth: \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Medical/Clinical conditions which may impact your ability to perform CASA duties: \_\_\_\_\_

If you have lived at your present residence for less than 7 years; list each place you have lived in the last 5 years: Identify how long at each residence.

Address \_\_\_\_\_  
Number & Street City State Zip Code

Address \_\_\_\_\_  
Number & Street City State Zip Code

Address \_\_\_\_\_  
Number & Street City State Zip Code

**EDUCATION:** Verification of graduation is required. Copies of Certification/Licensure required.

**High School:** No. of Years Completed (*circle one*) 1 2 3 4 **Diploma:** \_\_ Yes \_\_ No **G.E.D.:** \_\_ Yes \_\_ No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:** Number of Years Completed (*circle one*) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

**Other Training or Degrees:**

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held \_\_\_\_\_ State of Virginia License Number \_\_\_\_\_

License Expiration Date \_\_\_\_\_ Other Professional Memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, sexual orientation, veteran status or any other protected status.)

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## OFFICE SKILLS:

\_\_\_\_\_

## DESCRIBE ANY EXPERIENCE/TRAINING WORKING WITH CHILDREN:

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

**CRIMINAL HISTORY:** If an applicant has lived within another state within the last 5 years; the applicant must provide this agency with a copy of their criminal history and child protective service checks from that state during those time periods.

During the last ten years, have you ever been charged or convicted of a crime including minor traffic offense?  Yes  No

If yes, explain: \_\_\_\_\_

Have you ever been charged or found guilty of civil child abuse or neglect?  Yes  No

If yes, explain: \_\_\_\_\_

## **EMPLOYMENT/VOLUNTEER EXPERIENCE:** Include U.S. Military Service and previous internships/volunteer opportunities.

**Employer/Placement** \_\_\_\_\_ **Address** \_\_\_\_\_

Telephone \_\_\_\_\_ **Position** \_\_\_\_\_ **Dates : From** \_\_\_\_\_ **To** \_\_\_\_\_  
Mo/Yr Mo/Yr

**Supervisor** \_\_\_\_\_

**Duties** \_\_\_\_\_ **FT**  **PT**  **No. of Hrs.** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Employer/Placement** \_\_\_\_\_ **Address** \_\_\_\_\_

Telephone \_\_\_\_\_ **Position** \_\_\_\_\_ **Dates : From** \_\_\_\_\_ **To** \_\_\_\_\_  
Mo/Yr Mo/Yr

**Supervisor** \_\_\_\_\_

**Duties** \_\_\_\_\_ **FT**  **PT**  **No. of Hrs.** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

## **REFERENCES:** References must know applicant for at least three years.

### **Professional**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone** ( \_\_\_\_\_ ) \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone** ( \_\_\_\_\_ ) \_\_\_\_\_

### **Personal/Non-Family**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone** ( \_\_\_\_\_ ) \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone** ( \_\_\_\_\_ ) \_\_\_\_\_

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Briefly describe why you would like to be a CASA volunteer.

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## **APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge and authorize Childrens Advocacy Programs of the Blue Ridge, Inc. to verify their accuracy and to obtain reference information on my work performance/volunteer experience. I hereby release Childrens Advocacy Programs of the Blue Ridge, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for disqualification. Not signing the release related to criminal history checks and child protective services checks are also grounds for disqualification. I understand that falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for disqualification. Applications will be rejected for 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 agency's credibility.

I understand that should an internship or special project volunteer opportunity be extended to me and accepted that I will fully adhere to the policies, rules and regulations of this organization as well as the policies of any specific program I may be placed to volunteer with. I understand that any opportunity offered is for an indefinite duration and at will and that either the agency or I may terminate my placement at any time with or without notice or cause.

I understand that my involvement in any legal court proceeding, public or private as plaintiff, defendant, witness, or jury member or any other manner of participation is to be divulged to the Executive Officer or the Director of Volunteer Services as soon as I have knowledge of the fact.

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

Complaints of Discrimination – If you wish to file a civil rights program complaint of discrimination complete the USDA Program Discrimination Complaint Form found on-line at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested on the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director of Adjudication, 1400 Independence Ave. S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)